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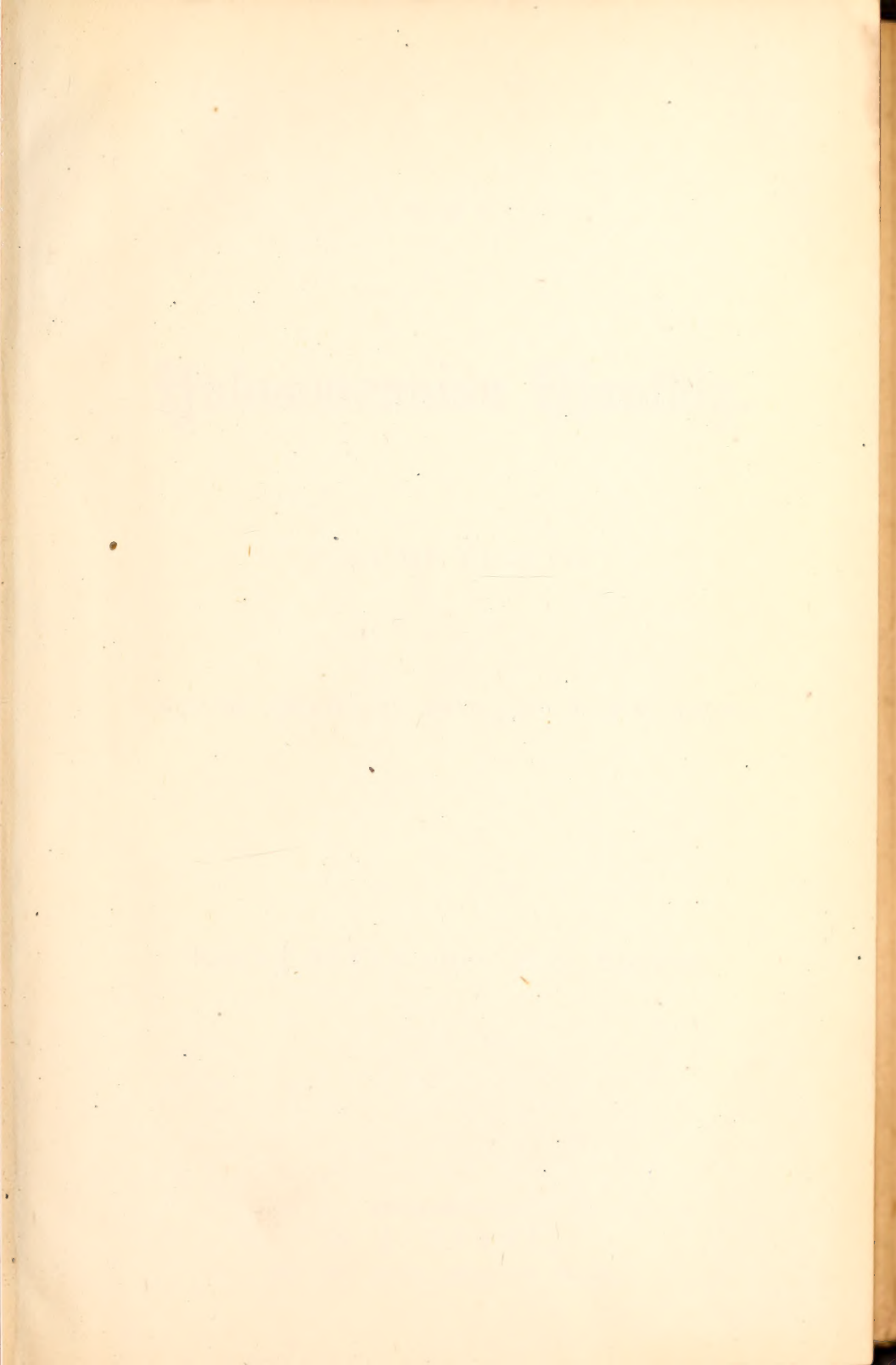
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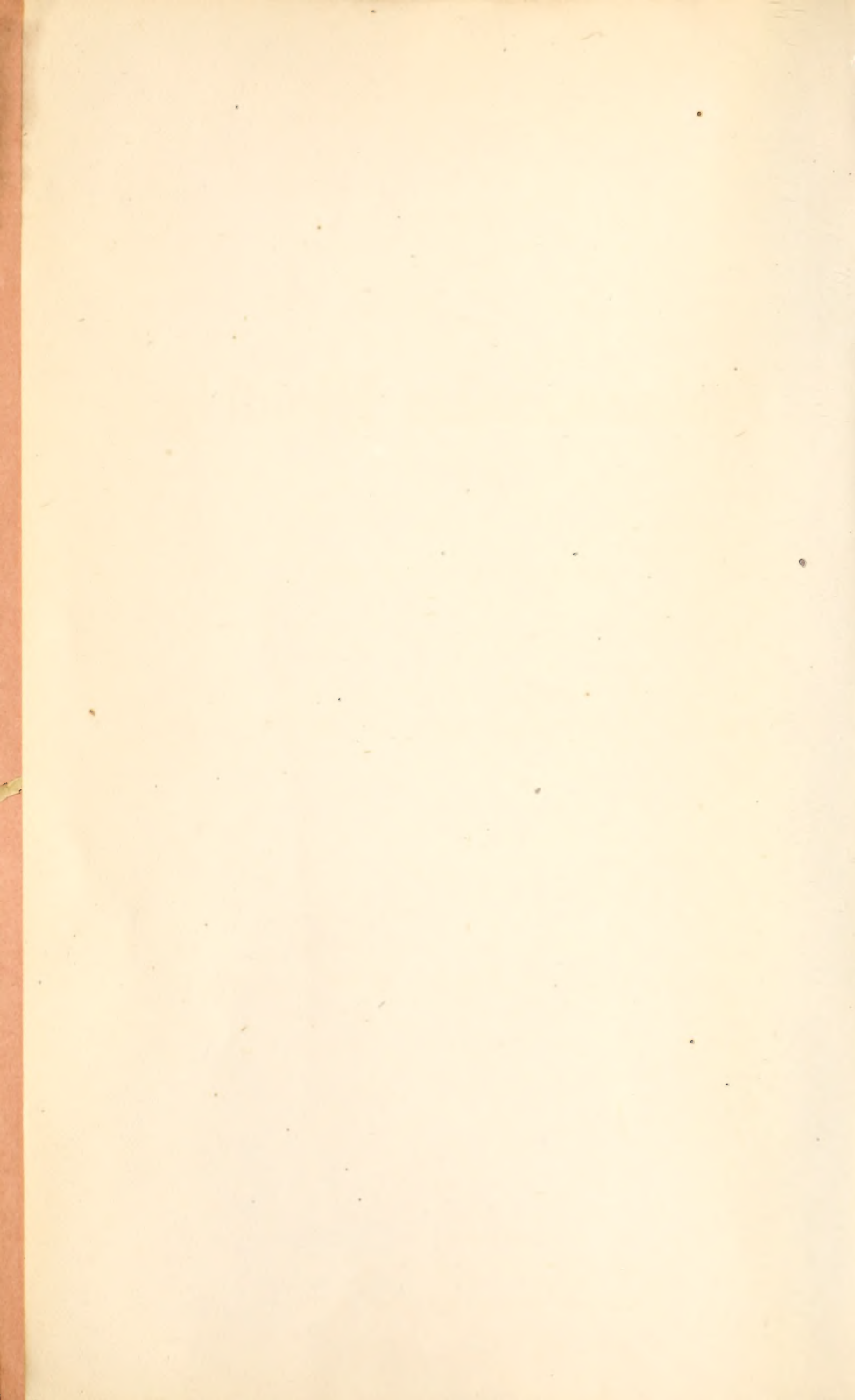


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T H E

# Hahnemannian Monthly.

VOLUME EIGHTH.

FROM AUGUST, 1872, TO JULY, 1873.

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ROB'T J. MCCLATCHEY, M.D., EDITOR.

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THE  
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No. 1.

PREREQUISITES TO SUCCESS IN THE HEALING  
ART.

BY H. V. MILLER, M.D.

*The Suitable Dose.*

WHILE ridicule is persistently resorted to as the chief and favorite argument against homœopathy, so long may we fortify our positions by frequent discussions of fundamental principles.

Our facetious opponents seem to derive great amusement from the insignificant dose. Were it not for this perennial source of diversion, it is to be apprehended that they might soon relapse into a state of chronic hypochondria. But, aside from some such personal grounds, their right to criticize our dose may be seriously questioned, especially since they are determined to remain profoundly ignorant of our peculiar mode of selecting the proper remedy.

*Quality versus Quantity.*

The idea that some tremendous drug-power is necessary to cure people of their various maladies, is a very foolish and ridiculous notion; for people often do recover from sickness in spite of any and bad treatment. What is called the *vis medicatrix nature* is almost sufficient, as a

general rule, to effect a spontaneous recovery; and when patients receive exactly the right remedy for the case, neither fearful drug-power, nor oceans in quantity, are necessary to promote convalescence. Said a patient: "Your medicine must have been very powerful to have affected me so promptly, and to have relieved me so thoroughly." The answer was, that the remedy was efficacious simply because of its elective affinity for the disease, and not at all on account of its power to overcome the vital forces.

Appropriate remedies, even if inappreciable in quantity, conduce to recovery; whereas, mere palliatives require the massive dose. The latter produce needless irritation, and tend to subvert the vital functions. A dose of Arsenic or Strychnine, sufficient to extinguish life, must be very powerful indeed, but such exhibitions of power are not demanded in therapeutics; they can be utilized only in the department of toxicology. Professor Dunham maintains that the size of the dose may be graduated inversely according to the appropriateness of the drug.

Crude drugs may produce a physiological impression, appreciable to the patient, even if they do no particular good. Many physicians, anxious to give their customers some satisfaction, seem desirous of producing such an effect with their medicines, making their patients feel the irritative action of the dose throughout the intestinal tract. To achieve success on this plan must require the exercise of no little ingenuity, since a ready excuse must be invented to suit every emergency.

### *The Specific Remedy.*

A patient has no more right to dictate about the dose than he has about the choice of the remedy, especially when there is no danger of his receiving any injury. If he be so remarkably well posted on such matters, and is smart enough to be his own doctor, why should he need to summon a physician?



It is the business of the experienced physician to know what dose is most suitable for each patient's temperament and receptivity, just as much as it is to select the proper remedy. The loose and mischievous habit of alternation should be discarded, such practice being very uncertain and unsatisfactory. Alternated remedies antidote each other in proportion to their similarity, but if not similar, they necessitate a waste of precious time.

In many clinical cases, palliative and temporary relief may be obtained by various expedients, and by any one of half a dozen drugs. But in common parlance, these soon "wear out," and the patient is said to have a relapse. The difficulty is, that the absolute specific has not been found. This would give the surest relief, and in due time alone effect a brilliant cure, or prepare the way for another drug, which, in its turn, becomes the specific or similitum. According to Dr. Hering, one should select the remedy that represents the greatest number of symptoms. This will probably include those most important in the case.

*A rigid Examination. Requisite to find the Similitum.*

Homœopathy alone furnishes the long-sought clew to specific treatment. It demands as one prerequisite to success a rigid examination of the case. In the hurry of ordinary routine tactics often but little time is taken, and hence full justice cannot be done to the patient. A plausible diagnosis is all that is usually required to suggest a course of treatment, which means routine treatment. The doctor makes a hurried call; sagely feels the pulse: automatically glances at the tongue, and forthwith he is ready to deal out his awe-inspiring compounds, or indite his learned Latin prescription, and withdraw with a polite bow. Homœopaths, so-called, not unfrequently practice in a similar style. One's medical gun is apt to go off at half-cock.

Homœopathy, as well as humanity, demands that the

physician shall devote sufficient time, at least, to the first examination of a case, not only to make out a correct diagnosis, which suggests many remedies, but to discriminate between cases, so as to be able to select the remedy precisely adapted to each patient. Afterwards, so long as the patient is making satisfactory progress, his subsequent visits may be more brief. As a consequence, much valuable time and life may, in the end, be saved. The maxim, "First be sure you are right, and then go ahead," is peculiarly applicable to therapeutics.

The founder of homœopathy has scarcely ever been excelled in his skilful mode of conducting a medical examination. He concentrated all his powers of analysis, to obtain an accurate history and description of each case, and then, perhaps, he would effect a brilliant cure by a single dose of medicine dissolved on the tongue. If there be any such thing as approximating perfection in the healing art, this is an illustration. If he should be accused of being very sparing in doses, he supplied that deficiency by a liberal use of brains and a generous appropriation of time; whereas, those physicians, who are most bountiful in drugs, "attempt to make the quantity of medicine compensate for a want of scientific accuracy."

*A Knowledge of Characteristics necessary to make a good Examination.*

A good examination cannot be made without an intimate knowledge of the characteristic symptoms of drugs, because the patient's symptoms must be carefully compared with them. If any recent clinical symptom correspond with a characteristic symptom of a remedy, it must be determined whether or not others can be found to correspond in the same manner. If this prove to be the case, according to Lippe, it furnishes sufficient foundation whereon to base a good prescription. If a skilful homœopathist excel all others in the healing art, it is

simply because he best comprehends the virtues and application of remedies.

### *Earnest Conviction.*

The world intuitively respects and admires an earnest man. If a physician be really in earnest, having faith in his own practice, he will soon inspire his patients with confidence in his ability to aid them. But without manifesting this earnest conviction, he can hardly expect others to trust their lives in his care. He must zealously unite study with practice. Homœopathy is no sinecure. Its principles are not designed simply for argumentative speculation, but to be thoroughly tested in the crucible of intelligent experience. If they appear to be ridiculous to those who are selfishly opposed to them, it is to be remembered that they were *discovered* not *invented* by man. It is related of an Indian Prince, that he ridiculed the report that water often becomes solidified in high latitudes, by a cold temperature.

Thousands of the most intelligent and cultivated people in this land, and in every land, realize that the principles of homœopathy are true and founded in nature, because they are daily verified by practice. Ingenious theories may amuse speculative curiosity, but they seldom convince those who are strongly biassed against them. In a war of words, we may be outgeneralled; but good works speak louder than words. A good cure will convince any but the most unreasonable, and thus secure an earnest, grateful, and reliable advocate. Let us therefore waste no time in useless controversy with our opponents, but prove our faith by our works. If we faithfully represent our noble system, it will surely enable us to accomplish the most brilliant cures, and thus perform the greatest possible service to our fellow-men.



## A STUDY OF THE CEREBRO-VASCULAR EQUILIBRIUM.

BY FRANK A. ROCKWITH, M.D.

"We have eyes and see not, we have ears and hear not."

SOME three years ago, I was called to see a patient with *mania cum furore*, a result of post-parturient anæmia. The patient was about twenty-four years of age, and a mother for the third time.

The violence of the symptoms as well as the comparative poverty of the family, which prevented the necessary care at home, induced me to send the patient to our State Asylum, where, I have since learned, the patient recovered in the course of a few months.

The variously remarkable circumstances connected with the pathology of this case have induced me to give it a more than passing inquiry.

She was a German, of well-marked Teutonic race-type, with strong indications of general cachexia.

A palpable examination as well as more ocular inspection of the head, revealed a deep transverse depression, with scantiness and harshness of the hair, immediately upon the sagittal section, near or directly over the superior-posterior angles of the lambdoid corners.

Upon inquiry I learned that the patient, while yet a mere infant, had been successfully operated upon for fungus hæmatodes (*Blütschwamm*). I also learned that both father and grandfather had been incurably insane, each dying within two or three weeks after the first attack of insanity, and that the mania of this woman resembled exactly the kind of her fathers; one feature of this similarity being a refusal to eat or drink, under the hallucination of being sanctified and in a supernatural state of existence; loquacity and total confusion of the senses making up the rest of the symptoms.

The remarkable uniformity of the psychical symptoms

with the locality of the calvarian depression, corresponding most likely with the organic or vegetative spheres of the brain beneath, led me to make the following investigating studies, and in which comparative anatomy could alone give me the required information; for the question naturally arose with me, whether the angiectasia of childhood was not a recuperative effort of nature to relieve a hereditary *dysthetica*.

That nature accommodates herself to influences beyond her control, is but a too generally accepted law among naturalists, without necessitating a full belief in Darwinianism; yet, as my highly venerated friend, Prof. Hering, is in the habit of illustrating by his lizard story, *she does not always accomplish her ends very satisfactorily, but seems clumsy and often actually helpless*.

That an accommodative exchange exists between certain bodily organs has both been claimed and substantiated (Kunke). Thus, for instance, the thyroid gland is said to accommodate itself reciprocally with the brain, so that in hypertrophy of the former we most generally meet with anæmia of the latter, and so *vice versa*, hyperæmia in the latter is accompanied with atrophy of the former. But this reciprocal expanse has in the long course of "evolutions" become normal, and being normal offers us no such harsh and glaring phenomena as in case where this effort is but recent and hasty.

As an example of a natural evolution, we observe the vaso-accommodative development of the coxcomb of the *Phasianus gallus*, or the carunculated skin upon and about the head of the turkey (*Meleagris gallopavo*).

When we examine the relative size of the cranial capsule in these birds, in comparison with the rest of their organism, we will notice that without this external reservoir apparatus, such undue afflux of blood to the brain would take place, that an apoplectic or extravasal condition would be the inevitable result.

But it is not only the comparative difference of space

which calls for this temporizing apparatus, but also the peculiar physical characteristics of these fowls which demand these structural provisions. For during the moments of pugnacity and anger so peculiar to this species of birds, and by which they truly have become the allegorical type of the *choleric temperament* of man, the vascular excitement is heightened, and the cerebral provisions being diminutive and inadequate, the sanguineous excess enters the elastic and highly vascular external structures about the heads.

We have thus in these appendices functional and not accidental or purely ornamental additions. The comb of the former as well as the carunculated skin of the latter receive their arterial supply from the *arteria maxillaris interna*, and this again from the by no means small *carotis communis*. In the latter the *arteria mandibularis* gives still greater relief by also giving off extra branches to the appending carunculæ of the neck.

Nor does this truly ecphyomatous blood depend upon a venous economy for its return—at least in the comb of the *Phasianus gallus*, it being almost totally deficient of such a circulation—but, on the contrary, is returned again by a sort of contractility of the arterial coats during the moments of reactions from the impelling excitement.

One need only make the necessary injections through the common carotid, as I have repeatedly done with chickens and turkeys, to be convinced of the superior size and volume of these maxillary and mandibular arteries, so little called for by the size of the structures for which they originally were intended, and by which the *carotis cerebialis*, their twin sister, receives relief.

But it is not only the smallness of the size of their heads which makes this external capital development necessary in these birds, but more so still the already intimated hyperpsychical activity to which they are accustomed.

In the human head we witness, during the excitement of angry passions (or the passions in general, that the



whole countenance becomes swollen and livid, the larger veins are inturgescent, the whole head seems to swell, and were it possible to ascertain, it would prove to have become greatly augmented in weight. Not only the greater elasticity of the bloodvessels themselves, but also the generally sufficient quantity of vascular and soft tissues, make an external provision in the human head unnecessary.

Whatever the structural lesions in the case of this patient may have been, certain it is, that the similarity of the regular recurrence of the same phenomena in the offspring, gives us reason to suspect an insufficiency of space in and about those cerebral spheres whose functions were thus morbidly altered.

The chronology of the case being perhaps first, psychological causes in the grand-, or, for aught we know, great-grand parent; next, direct inheritance by the father; whilst in the third, or rather fourth instance, nature so far sought to accommodate herself to the now latent conditions as *to seek to establish an external outlet* for the suffering locality.

The next best thing was what she actually did do, namely, supply a highly spongy and elastic aneurysm. And here it is where Dr. Hering's lizard observation becomes verified, namely, that nature did the work clumsily, by placing this huge and bulky mass directly over or near the affected locality, thus losing by pressure what she sought to gain by freedom of space.

From childhood until marriage the patient had lived away from home, and, as I learned by particular inquiry, free from such annoyances likely to develop a psychosis. Her health was always poor and the general system anæmic.

After her marriage she began to live with her mother, the sole owner of all that was left by the father; and as is but too often the case with mothers towards married children, particularly when the latter are at all under cer-

tain obligations and dependent upon them, there began a series of regular quarrels, vexations, and general warfare.

A Xantippe is but a poor companion at any time, but for a psychotically inclined person, an absolute injury ; which this case but too aptly illustrates. The numerical increase in the family naturally gave rise to constant outbursts of angry feuds and wrangling, so that the hapless creature met the doom, which, to avert, wise but inefficient nature had provided for, but which a meddlesome practice baffled in the name of Science.

A generous diet, with kind usage, seems to have returned the patient to her sphere of life, apparently well.

Since writing this case for the *Hahnemannian Monthly*, I have had opportunity to see this party again, being called to attend her husband with small-pox. I found her again to be with child, and although apparently sound and sensible, I thought that I could readily perceive that peculiarity of type which marks the future or past lunatic.

The characteristic calm or almost blank stare, lighted up at times with that sort of satirical smile which makes it difficult to distinguish it from wickedness or cunning, together with the still anæmic pallor and flabbiness of tissues, makes me fear for a return of the former conditions in due time, certainly at least about the time of the climacteric. Time will tell.

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## PROVING OF ANGUSTURA VERA.

BY DR. J. LEMBKE, OF RIGA.

(TRANSLATED BY S. LILIENTHAL, M.D.)

March 11th, 1872, 8 A.M. 5 drops Tinct. Ang. v.—Drawing in the neck ; pressure in the temples ; in the forehead ; pressure in the joints of the hand. Towards 9 A.M., severe cold sensation in the back with icy cold hands and feet, with frequent pressure in the temples, drawing in the elbows and toes, severe stitches on the inside of the

left foot, spreading upwards over the malleolus internus. Pricking in the toes of the right foot, and the same severe stitching pain on the inside of the right foot, moving upwards to the lower leg. The chilliness with the paroxysmal pains lasts over half an hour. 4 P.M. 5 drops, T. Ang. v.—Stitches in the calves; pressure in the elbows; pressure in forehead; when sitting a bruised sensation in the knees, after a while the same in the arms; drawing in the fingers; several times severe pressure on the right side of the sternum, as from a blunt body. 5 P.M. Pressure several times in the right maxilla; later the same pressure several times on the left side of the sternum; pressure on the temples, as from a plug, several times; frequent micturition; urine copious and nearly as light colored as water.

March 12th, 8 A.M. 5 drops T. Ang. v.—Pressure in the knees; drawing in the forehead and pressure in the temples; towards 9 A.M. chilliness over the back, cold hands and fingers; pressure in the shoulders, in the toes and feet; stitches in the ears; stitches in the right side of the thorax, feeling of lassitude in the knees; drawing in the fingers. At 10 A.M., during a walk, a peculiar sensation of lightness and well-feeling in the chest; stitches in the left side of the thorax, in the shin-bones, when walking; bruised sensation in arms and legs; pressing, drawing pains in the feet.

March 13th, 8 A.M. 10 drops T. Ang. v.—Pressure in temples, in the feet, in the maxillæ, arms, several times, as from a blunt body, especially severe on the sides of the forehead and on the back of the feet; 9½ A.M., severe cold sensation over the back, icy cold hands and fingers, pressure and drawing in the sides, pressure in the forehead, lassitude in the knees, drawing in the back, the whole state lasts over half an hour. During the day some of the symptoms continue.

March 14th, 8 A.M.. 10 drops T. Ang. v.—Drawing in the joints of the feet, in the head, in the fingers; 9½ A.M., chilliness over the back, cold hands and feet, pressure in the shoulders, shin-bones, for half hour; after a while drawing, pressing pains in the joints during a walk. 4 P.M. 10 drops.—Roaring in the temples and sides of the head; pressure in shoulders and knees; at 5½ P.M. chilliness over back, cold hands and feet, drawing in the forehead; stitches in the right thorax and feet; scratching



(Kratzen) in larynx with short cough, also on the 13th. No symptoms during any of the preceding nights.

March 15th, 8 A.M. 15 drops T. Ang. v.—Drawing and pressure in the head, chest, shoulders, feet. 9½ A.M., chilliness in back, cold fingers and hands, pressure in the arms. The coldness lasts half an hour and over. Later, during walking, some of the pains mentioned. Between 12 and 1, severe and repeated pressing pains in forehead and temples. Even at a later hour, very frequent severe pressing pains in forehead, with the sensation of heaviness; heat continued. Drawing and pressing pains in the hand and fingers. 4 P.M. The pains return several times, but the night was free.

March 16th. After rising in the morning, drawing pressing pains in the feet, in the muscles of the thighs, in the muscles of the upper arms, in the knees, on the edges of the feet, in the bones of the head; frequent dry cough. 8 A.M. 15 drops T. Ang. v.—Pressure on the sides of the head; drawing in the muscles of the face, right side; frequent drawing in the feet, especially at the external edge; drawing in the toes, bruised pain in the knees; drawing at the sides of the occiput. At 9½ A.M., chilliness in the back, cold hands for half an hour. All pains repeat at a later hour. Severe compressive sensation in the right foot. For four days frequent itching on different parts of the skin; scratching only slightly relieves; severe pressure above the right eye and deep in the right orbit; chilliness in the back and cold hands several times during the day; inclination to pass urine during the day, the urine is of a light color and is passed in large quantities. Severe pains in the elbows, they feel bruised; frequent drawing in the occiput, on the sides of the head, in the fingers, shoulders, and joints of the hands; stitches deep in the right ear. 6 P.M. No symptoms at a later hour, the night good.

March 17th, 8 A.M. 15 drops T. Ang. v.—Before taking the remedy, already drawing on the sides of the head, then several times drawing in the legs and feet; pressure in the shoulders and knees; severe pressure in the fingers, hands, muscles of the arms; pressing pains in the muscles of the thighs; stitching in the skin of the shin-bones; all symptoms are frequently repeated; severe boring in the joints of the feet and in the feet; frequent pressure in the head. At 9½ A.M., chilliness in the back,

cold hands; during the chill and afterwards the above pains; drawing in the facial muscles; during the day the same pains, more severe in the forehead, in the shin-bones, feet, and hands; stitches in the right facial muscles; stitches on the left zygoma. No symptoms after 6 p.m., nor during the night. The action on the urine is doubtful. During the provings, a stool daily, as usual, only more hard. I usually have soft stools.

March 18th, 8 A.M. 20 drops T. Ang. v.—Soon after taking it drawing in the toes, pressure in the feet, joints of the feet and legs, in shoulders; drawing in head, hands, and fingers; pressure in the knees; boring and pressing in vertex; pressing in the muscles of the arms, with drawing; stitching and drawing in left shoulder; wandering pains in back; severe stitches in the soles of the feet; drawing pains in the muscles of the thorax; pressure on both sides of the head; all symptoms frequently repeated.

9½ A.M. Chilliness in the back; cold hands and fingers; stitches in the calves, and pressing pains; drawing in the legs; pressure in forehead; drawing at the sides of the tendo Achillis; drawing in the maxilla; stitches in the toes; prickling in the facial muscles; pressure in the knees and thighs. The chilliness, with the accompanying symptoms, lasted about half an hour. Pains continue after the chill, are aggravated by walking or sitting, still the parts in motion suffer less than those which are quiet.

Stitches in the right eyelids, 4 p.m. Stitches several times at the tip of the tongue; severe pressure in the muscles of the arms, in the knees, legs, and joints of the feet; pressing and boring in different parts of the head, in the forehead, muscles of the chest, and of the back. After 6 p.m. severe pressing pains in the muscles of the arms, in the elbows, knees, fingers; pressure, sometimes very severe, in the facial bones, especially in the zygoma; pressure in the joints of the hands and fingers. After 8 no symptoms; night good.

March 19th. Same symptoms during day, none during night.

March 20th. Some of the former pains in the joints of the hand, knees, feet, head; worse when sitting than in walking; sometimes very severe boring in the forehead and sides of the head; bruised sensation in the knees; pressure on the back of the feet, in the toes, in the joints of the hands; no symptoms during the evening and night.

March 21st, 8½ A.M. 20 drops T. Ang. v.—Drawing in the legs, shoulders, muscles of the arms; pressure in the head, toes; drawing at the sides of the tendo Achillis, in the calves; pressure in the joints of the feet, shoulders. At 9½ A.M. chilliness in the back; cold hands; drawing in the muscles of the face, and the former articular pains; chill lasts for half an hour; during the day all the pains move frequently, and more severe when sitting, or when walking.

4 P.M. 20 drops T. Ang. v.—Increase of pains immediately, and three-fourths of an hour afterwards chilliness in back and extremities, with the usual symptoms; pressing pain in the muscles of the neck and back. The chill lasts about half an hour, followed by the usual symptoms, which decrease during the evening; at night no symptoms; in the morning some of the former symptoms.

March 22d, 8 A.M. 30 drops T. Ang. v.—All the symptoms return, especially severe boring in the temples, forehead, feet, joints of the feet and hands, muscles of mastication, muscles of the arms. 9½. Chilliness in the back and extremities, with all the former symptoms.

March 23d to 28th. All the symptoms return with more or less severity several times during the day. During the whole proving daily a hard stool, whereas my evacuations are usually soft; urine normal.

Angustura vera ought to be reproved by several persons, as it might become a valuable remedy in certain fevers. It certainly acts on the spinal cord and abdominal ganglia. It was formerly considered as a great stomachic. *Hom. Klinik*, No. 10, 1872.

[Altschul (Real-Lexicon, p. 26) recommends the Angustura vera in bilious intermittent fevers in tropical climates. It certainly is one of the few remedies, where the (quotidian) paroxysm shows itself only by a chill, not followed by heat or sweat. In Dr. L.'s case the chill always appeared one hour after taking the remedy, whereas Jahr gives 3 p.m. as the usual time of the paroxysm. It differs from *Pulsatilla* (evening and night), as Angustura has its severest pains (especially in the motor nerves) in the morning and forenoon. Both are good remedies in gastric and abdominal states, based on atony, but in *Pulsatilla* the atony is caused by a passive congestion, whereas in Angustura it is an atony of the muscularis; both, also, have rheumatic



fever with gastric complications, but in *Pulsatilla* we find thirstlessness and evening aggravations, whereas in *Lembke's* proving the evenings and nights were free from symptoms. *Cimex* gives us a well-marked chill, but no fever followed by thirst, but the drinking produces gagging and cough. The pains in the muscles are very similar to those of *Angustura*, but in *Cimex* the chill is more apt to set in during the evening; and the sweat in the nights, when free from fever, ameliorates the symptoms. *Menyanthes* also gives us intermittents, consisting chiefly of the cold stage, with icy coldness of the nose, fingers, and toes; but in *Menyanthes* the chilliness is chiefly in the abdomen (the vegetative system), whereas in *Angustura* it is spinal, down the back. Although *Apis* has not much fever, and very little or no sweat, still its characteristics differ greatly. The chill of *Apis* commences in the thoracic ganglia, with great oppression and burning in the chest, as though the patient would smother; *Apis* and *Angustura* have the great soreness of all the limbs and joints, but in *Apis* it appears more to be caused by the œdematous infiltrations, whereas in *Angustura* it arises from spinal irritation. *Apis*, furthermore, is one of our great afternoon remedies, whereas *Angustura* acts more in the forenoon. *Aranea* has also neither heat nor sweat, or at any rate very little, but here also the intermittents reside in the vegetative system, whereas *Angustura* gives us a spinal one. *Aranea* also produces a kind of scorbutic dyscrasia with hemorrhagic tendency, a characteristic found in very few of our intermittent remedies.—S. L.]

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## CLINICAL OBSERVATIONS.

(Read by title before the New Jersey State Homœopathic Medical Society, at its Annual Meeting, May 7, 1872.)

BY WALLACE McGEORGE, M.D., CHAIRMAN.

At the last semi-annual meeting of the Society, your Bureau presented a short paper on *Rhus venenata*, and asked for assistance in making a thorough proving of that drug. Not having received any reply thereto, nor any assistance, the writer, assisted by some of his friends,

made a proving, which was presented to and read before the West Jersey Homœopathic Medical Society in November last, and published in full, with the discussion thereon, in the *Hahnemannian Monthly*, February number, 1872.

Since that time, George R. Spooner, M.D., of Ware, Mass., writes that *Bryonia* internally and externally is the best antidote. He also states that *blue clay* applied externally to the eruption relieves the itching and burning permanently. *Clematis erecta* has proved the best antidote to the repeated attacks of the *Rhus venenata* poisoning in the writer's experience.

In lieu, then, of a proving of this drug, your Bureau propose to give a few clinical observations on some remedies which have come under their notice.

*Lachesis*, *Lycopodium*, *Belladonna*, and *Bromine* have been useful remedies in diphtheria this fall and winter (used by the writer invariably in the higher potencies). Indications for each have been as follows:

*Lachesis*.—Sore throat, hurting the patient to swallow, with great difficulty in swallowing; in bad cases, the fluid, which is swallowed runs out through the nose; dislike to have throat touched or examined; flushed face; quick pulse; breathing oppressed; membrane commences on *left* tonsil and pharynx extending to uvula and right side. *Lachesis* will remove the membrane in from 24 to 36 hours' less time than *Lycopodium*. Given in cases where the membrane is just forming, *Lachesis* will entirely remove it in 48 hours.

*Lycopodium*.—Membrane comes first on the *right* side, and then if the formation is not stopped, going over to the left side; difficulty in breathing; in bad cases, fan-like motion of *alae nasi*; speech indistinct, in some cases when the process of formation of membrane had gone on for some time, soporous condition and indifference to external surroundings, and impatience on awakening. Given in cases where the membrane is just forming, *Lycopodium* will remove it in 72 hours. When fully

formed it will sometimes take five days to remove it. The membrane is not so likely to form a second time on the *right* side as it is on the *left* side. In one very severe case, membrane came twice on the right side, and three times on the left side.

*Bromine*.—In cases where the membrane forms back almost over the larynx, *Bromine* is preferable, and will give prompt relief. I have found it very serviceable in my own case, removing husky tone of voice in a few hours. *Bromine* has preference for the *left* side of throat also, and stiffness of neck sometimes accompanies it.

*Belladonna*.—When the patient finds the disease coming on quickly, is afraid she will choke to death, and knows she will not get well, will not lie down for fear of choking, *Belladonna* will relieve promptly, but will not generally be able to complete the cure alone.

*Aconite* is good, oftentimes, to subdue the violence of the febrile symptoms, but like *Belladonna* will not complete the cure.

*Mercurius jodatum rubrum* is oftentimes used to kill the membrane, but I have not found it necessary to use it this winter. When it is used salivation often occurs and sore throat invariably follows; when the membrane comes off, you have sloughing and indolent ulcers to cure afterwards. When used with moderation and extreme care these troubles may be partially prevented. When called in after other physicians have given up the case, or in cases where there is a complete loss of voice with the diphtheria, the red iodide of mercury is decidedly useful.

*Alcohol* as an adjuvant in the form of a gargle (half water and half alcohol) has worked admirably, and superseded the red iodide as a mechanical means of removing the membrane. The gargle should be used every one, two or three hours, according to the violence of the symptoms and the surface covered, until the membrane is entirely detached. This agent and spirits of camphor entirely kill the membrane; while nitrate of silver, caus-



tic potash, corrosive sublimate, &c., only deaden it for the time being. Hence the necessity of dispensing with these crude and hurtful appliances. Remember then, that Alcohol kills the membrane, and leaves no ulcer nor wound to be cured afterward. When the membrane has extended up the posterior nares (which will sometimes occur, especially where the disease has gained a strong foothold before a physician is called), the inhalation of alcohol is to be preferred to the gargle.

*Arsenicum* is oftentimes useful to complete the cure in these last-mentioned cases, especially when there is an offensive or sanious discharge from the nostrils, attended with great weakness and prostration.

\* \* \* \* \*

In ASCITES, *Colchicum* has answered admirably in some severe cases. One patient, an old lady, aged about 85, had breathing so oppressed she could hardly lie down; somewhat relieved when bending forward; urine very scanty, not exceeding a tablespoonful in 24 hours, looking like coffee-grounds or more strictly speaking, like little clots or particles of decomposed blood, smelling very offensively; great swelling of abdomen, with a fold or crease right below the umbilicus all across the abdomen (very marked and characteristic indication). *Colchicum*, 2<sup>c</sup> in one tumbler and *Vinum Colchicum*, 4 drops in half a tumbler of water, a dose alternately every 30 minutes relieved the dangerous symptoms in 12 hours, and removed them in 36 hours. After the first few hours, the *Vinum Colchicum* lost its effect, and the high potency also two days afterward. *Carbo vegetabilis* followed well in this case, and completed the cure. (No return of the symptoms up to time of writing, a little over 4 months.)

In dropsy, where there is nausea and faintness from smelling the food which is being cooked in an adjoining room, oftentimes from merely looking at the food, *Colchicum* is a grand remedy. This symptom also is characteristic of *Colchicum*, and will call for its exhibition in any

case of disease. Proper distinction must be made between this symptom of *Colchicum* and that of *Arsenicum*, where there is disgust at hearing people talk about food, but no loathing of it when presented.

\* \* \* \* \*

*Antimonium crudum*.—"The child cannot bear to be touched or looked at." In a severe case of catarrh of the bronchia, where the child would cry every time it was looked at, this remedy was given with the happiest results. In several other cases I have observed the same termination, and therefore consider this a reliable and useful characteristic.

\* \* \* \* \*

*Hepar sulphur*.—Fainting, followed by clonic spasm, in a young man, 19 years old, from the mere touch of a knife to a piece of dead skin on the hand in panaritium.

\* \* \* \* \*

Trusting that some, at least, of the members may learn something that may prove useful to them in everyday practice, this report is respectfully submitted to the Society.

## A CASE OF CEREBRO-SPINAL MENINGITIS.

BY WILLIAM MARKHAM, M.D.

On the night of April 10th I was called to see Mary M., aged twenty, single. Had not been sick for years, until April 6th, when pain in head and back confined her to the house. Was worse on April 8th; complaining of pain extending to legs, of vertigo, and nausea. On the morning of 10th had a chill; I saw her at 8 p.m. and found intense cephalalgia, with a feeling in the frontal region as if the head would burst. The pain was continuous; it was increased by light and sound. There were pain and tenderness along the cervical vertebrae; some

hyperæsthesia of the upper limbs, but no impairment of motion. The abdomen was tender, with constipation; tongue slightly coated and yellow; pulse 96, and very soft; temperature  $104^{\circ}$ ; respirations 30. Patient is restless, with complete loss of appetite; slight stiffness of post-cervical region; pupils dilated; conjunctivæ injected. *R.* Gelseminum, 6 drops in half glass of water, one teaspoonful every two hours, with applications of water to head.

April 11th. More pain in back; the head is a little drawn back; is very restless; calls for cold water; cephalalgia increases. *R.* Ice to head, and enema.

April 12th. Mind wanders; much spasm of post-cervical muscles; vomiting. Temperature  $103^{\circ}$ . *R.* Ice continued; enema.

April 13th. There is but little change.

April 14th. Opisthotonos; slight delirium. *R.* Ice to head and post-cervical region; Belladonna and Gelseminum in alternation every hour; enema. Temperature  $103^{\circ}$ .

April 15th. Patient much worse; delirious; singing and weeping; has to be held in bed. Temperature  $104^{\circ}$ . *R.* Continue Belladonna and Gelseminum, with ice bags to head and spine.

April 16th. Cephalalgia better; mind is calm again; asks for milk. Temperature  $102^{\circ}$ . No movement of bowels since last enema. *R.* Continue Belladonna and Gelseminum enema; stop ice.

April 17th. Has vomited this morning; head feels better, but patient seems to be sinking. Pulse rapid and soft. Temperature in morning  $102^{\circ}$ , in evening  $103^{\circ}$ .

April 18th. Has taken almost no food until to-day. Constipation continues. Temperature  $104^{\circ}$ . Order enema, milk, and figs.

April 19th. Symptoms of inflammation are much relieved; patient is sinking fast. Order whisky and milk; stop medicine. Temperature  $101^{\circ}$ .

April 20th. Is stronger, but return of cephalalgia and vomiting. Temperature  $103^{\circ}$ .



April 21st. Cephalalgia very severe; patient is confused in her answers; face is flushed; looks sleepy. *R.* Stop whisky; renew the Belladonna and Gelseminum; ice to head. Temperature 103°.

April 22d. Better; has taken some milk; face looks more natural. Temperature 101°; stop ice. *R.* Continue Belladonna and Gelseminum; order enema. This treatment continued until April 29th, when ice was ordered for return of cephalalgia. Temperature rose to 103°.

May 1st. Patient is sitting up; is convalescent. Order milk, eggs, and stewed prunes. Bowels move to-day without enema.

May 3d. Still weak, but appetite is good; has slept well; asks for solid food.

May 4th. Has been out to drive; says she is perfectly well, but is much reduced in flesh.

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## COLD PAINS.

BY SAMUEL SWAN, M.D.

MR. S., had an excessively *cold* neuralgic pain in the cartilage of both ears, the right being the worst, with tingling as if frostbitten; rubbing with difficulty restores the warmth.

2. Pain in the forehead.
3. Pain in the occiput.
4. Pain extending from the region above the ears, down through the ears into the muscles of the neck.
5. Pains in both eyes.
6. Pains are aggravated by the least breath of air.
7. Skin sensitive to the touch as in inflammatory rheumatism.

These pains were all lancinating neuralgic, but the peculiarity was that they were icy cold; described as if produced by an extremely fine ice-cold needle.

In the proving of *Sac. lac.*, 200<sup>oo</sup>, *extremely fine cold*

pains were experienced, but not in the head; but as cold pains do not appear in the pathogenesis of any other drug that I know of, and as *Sac. lac.* has a great variety of neuralgic pains passing in every direction, all over the body, the patient got two doses *Sac. lac.* 1<sup>m</sup>, the second to be taken in three hours if the first did not relieve. He had no occasion for the second, as the first entirely relieved him of all the symptoms within an hour.

### AMBLYOPIA FROM TOBACCO.

BY T. F. ALLEN, M.D.

AN interesting case of amblyopia with insufficiency of the internal recti muscles, directly referred to the use of tobacco, has recently come under my notice.

A man, thirty-five years of age, complains of seeing double whenever he uses the smallest amount of tobacco; he says that in ten minutes after smoking a part of a segar or after chewing a little tobacco he begins to see double, and a kind of dimness and confusion of sight as if black dots filled his visual field comes on. When he abstains from tobacco for awhile he improves, and his vision becomes single and clear. The tobacco condition is always *aggravated*, in a very marked degree, by any kind of stimulant.

I found on examining him, vision in each eye  $\frac{20}{100}$ . Insufficiency of the internal recti, so that behind a screen there is a divergence of one and a half lines. Double vision for distant objects; monocular vision for near objects, cannot converge both eyes on it. Optic disk pale, partly atrophied, eye otherwise normal.

He had been using tobacco immoderately for several years, and seemed to have acquired a peculiar susceptibility to its action.

For the Habnemannian Monthly.

PROF. JOSEPH LEIDY noticed some flies greedily sipping the diffuent matter of some fungi of the *Phallus impudicus*. He caught several, and found that on holding them by the wings they would exude two or three drops of liquid from the proboscis, which examined by the microscope was found to swarm with the spores of the fungus; the stomach was likewise filled with the same liquid, swarming with spores.

He was reminded of an opinion he had entertained, that flies were probably a means of communicating contagious disease, to a greater degree than was generally suspected.

From what he had observed in one of the large military hospitals in which hospital gangrene had existed, during the late rebellion, he thought flies should be carefully excluded from wounds. (Proceedings of the Acad. of Nat. Sciences, p. 3, 1871, p. 297.)

Prof. Leidy is perfectly right. It is gross neglect to let flies have access to any open wound. But they ought not to be kept off by fly-poison, which is always injurious to men, but by coverings only. Flies are, however, not the only things that should be kept from an open wound, but the *air* should also be excluded. That which careful observers knew before, Tyndall has shown and proved, viz.: *the presence of injurious things in the air*.

During the time of contagious diseases, fearful people ought to be told that a fly will not spit out sucked-in sporules unless it is treated by violence. In a much shorter time than the mosquito requires to digest the sucked-in blood-globules, the fly will digest and destroy most animal and vegetable poisons, if not poisonous to themselves.

The *pustula maligna*, or anthrax contagiosus, sometimes epidemic with cattle, has, according to the sayings of the people, been carried by insects.

After a suspicious sting use *radiate heat*; if the tumor



swells, *Arsenicum*; if it changes color, *Anthracine*. These remedies have been sufficient to cure every case I have seen or heard of.

C. HERING.

### “HOMŒOPATHY MISAPPLIED.”

EDITOR HAHNEMANNIAN MONTHLY.—The discussion in your columns on the subject of “Homœopathy Misapplied,” introduced by Pemberton Dudley, M.D., interests me greatly. To prevent further misunderstanding he gives a *résumé* of the points he made on this subject. To prevent still further miscomprehension I would like him to define what he includes in the term “functions;” as he states that “the direct medicinal (homœopathic) effects of a drug are always directed upon the *functions*,” and upon “*disordered function*” and only “*indirectly* upon structure.”

Does he refer to the functions of organs (secretory and excretory) or does he also include the cell functions? If the latter, does he limit it to intra-cell activity, cell function proper, or does he also include nuclear function (duplication, reproduction), and nucleolar function, *i. e.*, cell life? If the latter are not included in his use of the term “functions,” then how does he account for the action and value of *Iodine* in certain cases of goitre, *Carbo*, *Conium*, *Arsenicum*, &c., in cancer, *Calc. phos.* in polypi, *Zinc* in pterygium, &c.,—examples of abnormal nuclear function (tissue change), when the remedies, selected to cover the totality of the symptoms, cure? And how would he explain the action of *Hepar*, *Silicia*, *Arsenicum*, *Lachesis*, &c., when, selected according to the law, they arrest ulceration, necrosis, and gangrene (cell death, tissue destruction)? Are they not *homœopathic* to such cases.

If he objects to the tripartite cell and prefers Beale's less definite division of the cell, into “germinal matter and formed material” (and “forming” as the function) what more is wanted than to turn the stream at the fountain-head; viz., give the “germinal matter” normal “forming” and “reforming” direction?

When he has defined his meaning of the term “func-

tions" (and also how "any group of symptoms" *can* be "caused and maintained by any other agency than disorder of some *functional* process") then we will see whether we must narrow or widen our view of "the homœopathic effects of drugs." My firm belief is that we "miss," like amateur gunners, *because* we do not yet fully understand the "*range* of our weapons."

Yours, for scientific precision,

T. C. DUNCAN.

EDITOR HAHNEMANNIAN MONTHLY.

DEAR DOCTOR: The questions asked by Dr. Duncan in his letter are easily answered. Who is there that regards goitre, cancer, polypus, &c., or even ulceration, necrosis, gangrene, &c., as dependent on any other agency than functional disorder? While he probably does not care to have a categorical answer to his first question, still there need be no hesitation in saying, that the term "function," as used in the paper on "Homœopathy Misapplied," is intended to be taken in its widest acceptance, excepting only, as a matter of course, those purely physical offices which are not dependent directly upon vitality, as for instance, the function of the bony structure, in sustaining the weight of the body, or that of a vessel in conducting (not conveying) a current of liquid, &c.; functions which may be still carried on after the vitality of the part is extinct.

Now, taking this wide significance of the term "function," it matters little whether we accept the simple cell theory of Schwann and his successors, or the germinal theory of Beale. In either case there *is* a function, back of "the functions of organs," *i. e.*, in the ultimate cell, upon which not only the function, but the very life of the entire organ depends. Is there anything unreasonable in the supposition that homœopathic remedies may restore health to these cell functions, seeing that Dr. Duncan himself cites "examples of abnormal nuclear function," and also intimates instances of abnormal nucleolar function and of "cell death?" And if we admit the germinal theory as true, how can we "turn the stream at the fountain-head," *viz.*, give the germinal matter a normal "forming" and "reforming direction," unless its *present* "direction" be an *abnormal* one? In other words, how can we apply homœopathic (*i. e.*, restor-

ative) medicine, to a function, which does not need restoring.

Now, in reference to the other question, "How *can* 'any group of symptoms' be 'caused and maintained by any other agency than disorder of some functional process?'" The answer is equally simple, if we only bear in mind the fact, that we are now speaking not of the group itself, but of its cause. Past experience teaches that it is not wise to multiply illustrations; so I will use one of the old ones—the case of hemorrhage, from a vessel torn or cut across. Now what functional disorder is it to which the hemorrhage is due? Is a *cut* a functional disorder? Is the heart's action disordered? Is the vascular function disordered in such a case? What function is disordered? Name it! But says one, "A hemorrhage cannot long continue without inducing disorder of one or more functions." Granted, but can we stop the hemorrhage by curing *these* disorders? Can you cure a disease by removing its *results*? I know that allopathists have tried it, but I did not think *we* should ever come to such a pass. And yet wherein do we differ from allopathists in this respect, when we attempt to control an exhausting hemorrhage by a remedy prescribed from such indications as pallor, tinnitus, and syncope? These do not constitute either the cause or the condition, but the results only. Results, not of functional derangement, but of loss of material.

Yours respectfully,  
P. DUDLEY.

### PUBLICATIONS RECEIVED.

CLINICAL LECTURES ON THE DISEASES OF WOMEN. By Sir James Y. Simpson, Bart., &c. Edited by Alexander R. Simpson, M.D. New York: D. Appleton & Co., 1872, pp. 789.

This is the third and last of the series of the complete works of Professor Simpson, the two preceding volumes having been noticed already. The greater number of the Lectures contained in this volume appeared in the Medical Times and Gazette, during the years 1859-61, but out of the whole number (fifty) ten are now published for the first time. These lectures comprise a great variety of subjects, such as: Vesico-vaginal Fistula, Pelvic Cellulitis, Cancer of the Uterus, Coecygodynia, Dys-



menorrhœa, Diseases of the Vulva and Vagina, Surgical Fever, Phlegmasia Dolens, Spurious Pregnancy, Ovarian Dropsy, Ovariectomy, Puerperal Mania, Amenorrhœa, Rupture of the Perineum, Fibroid Tumors of the Uterus, Uterine Polypi, Prolapsus and Retroversion, &c., and an introductory chapter on "Diagnosis of the Diseases of Women." Sir James Simpson was a man not given to jumping hastily to conclusions, and hence, although he fell into errors, and what he advised has been superseded, in some instances, by better practice, his views were generally so sound and his judgment so nearly perfect, that his writings remain as standard to the profession, and will continue to do so for years to come. While as a homœopath we deprecate the constant and hasty recourse to surgical procedure in the treatment of some of the forms of Diseases of Women, as detailed in this work, yet we would not willingly be deprived of the volume, with its treasures of information so plainly and forcibly set forth.

The work is copiously illustrated with woodcuts, many of which are artistically executed, and published with the handsome type, good paper, and substantial binding which characterized vols. 1 and 2. A carefully prepared index is appended. For sale by the Publishers, and by J. B. Lippincott & Co., Philadelphia.

A TREATISE ON DISEASES OF THE BONES. By Thomas Markoe, M.D., &c. New York: D. Appleton & Co., 1872, pp. 416.

This handsome volume contains the substance of the lectures delivered by Dr. Markoe during the past twelve years, at the College of Physicians and Surgeons, New York. The author modestly declares that he does not claim that his work is a complete compendium of all that is known on the subjects of which it treats; and yet it presents a very complete treatise on the diseases of bone, brought down very clearly, and in our opinion, very completely from the now old-fashioned work of Stanley to the present time. The author has availed himself of a free use of the numerous articles on the subject that have appeared in medical periodicals, and worked up this material in a very skilful and available manner, incorporating with it his own researches on diseased osteology, and his own large experience on the surgical and medical treatment of diseases of the osseous tissue. All the subjects treated of are abundantly illustrated with handsome cuts, some of which are from Paget's and Billroth's works on Surgical Pathology, while the original drawings are from specimens in the cabinet of the New York Hospital.

The work is divided into three parts. Part I treats of *Diseases of Bone*, including Hypertrophy, Atrophy, Inflammation, Suppuration, Chronic Sinuous Abscess, Diffuse Suppuration, Rickets, Mollities Ossium, Fragilitas Ossium, Tubercular Disease, Caries, and Necrosis. Part II treats of *Tumors of Bone*, comprising Cartilaginous, Osseous, Fibrous and Fibroid, Myeloid and Pulsating Tumors, and "Tumors of the Jaws." Part III is devoted to the consideration of the *Malignant*

*Diseases of Bone*, embracing Scirrhus or Hard and Medullary or Soft Cancer of the Bones, Epithelial Cancer, Melanoid Cancer, Colloid and Ostoid Cancer.

It is noticeable in this work, that while the surgical treatment of the diseases treated of is exact and while succinct yet complete, the strictly medical treatment is handled with a great deal of delicacy, "glittering generalities," or suggestions which do not glitter at all, being put forward, sometimes in a few lines, or at most in a few paragraphs. There is wanting that air of certainty characteristic of homœopathic treatises on Inflammation and Suppuration of Bone, Rickets, and Fragilitas and Mollities Ossium. Dr. Markoe would doubtless treat with contempt any suggestions regarding the powerful and oftentimes almost magical effects of Silicia, and its kindred remedies, in some forms of these diseases; and yet one who is acquainted with their effects cannot restrain a sigh at the misfortune that a man such as our author, with vast knowledge and experience, is prevented by the bigotry of schools, from availing himself of the therapeutic knowledge possessed by his medical brethren, whom he doubtless does not regard as brethren at all.

The perusal and study of this work will amply repay much more than its price. It is written in that excellent style which not only instructs but interests, and should be in the library of every medical man. It is handsomely printed on tinted paper, and well bound. An index accompanies the work. For sale by the Publishers, and by J. B. Lippincott & Co., Philadelphia

THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN. Edited by B. F. Dawson, M.D., &c. May, 1872. New York: James M. Baldwin, Publisher.

The fifth volume of this valuable quarterly commenced with the May number. It is the only journal of its kind published in the English language, and has taken a high rank in obstetric literature. The present number contains chiefly articles on "Obliteration of the Cervix Uteri during Pregnancy;" "The use of Electricity in the Treatment of Diseases of Children;" "Faradization and Galvanization in the Treatment of Amenorrhœa;" "Lacerations of the Perineum, Sphincter Ani, and Recto-vaginal Septum—their Prevention and Surgical Treatment;" "On Catarrh of the Uterus;" "On Enucleation of Uterine Fibroids;" a number of interesting cases in Obstetrics and Gynæcology, Transactions of the Philadelphia and New York Obstetrical Societies, and the regular Quarterly Report on Obstetrics and Diseases of Women.

This journal will well repay perusal, and is worth more than its subscription price, which is five dollars per annum. It may be ordered through Messrs. Boericke & Tafel.

TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, SESSION OF 1871. Chicago. 1872.

This volume represents the minutes of the meeting of the Institute

held in Philadelphia, together with the reports of the various Bureaus and Committees presented thereat. Its tardy appearance, at the session held in Washington, was due to the destruction of the matter already prepared for the press, by the great Chicago fire; otherwise the work would have appeared by the first of January following the session. The papers presented by the various Bureaus are in the main very interesting and instructive. As Secretary of the Institute, with the responsibility of publishing the annual volume resting upon us, it is with a feeling of great hesitancy that we find fault with the getting out of this volume, and yet, making all due allowances for the exigencies of its publication, we cannot refrain from remarking that there are some errors that should not have been allowed to occur. It is *not* the duty of the Secretary or his assistants to supply correct language or ideas for those who fail to furnish them with the papers they present, but the right to "doctor" a sickly manuscript, or to damn the same to the waste-basket, remains to the Committee of Publication, and should be exercised, no matter who may wince.

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#### THE BRITISH HOMŒOPATHIC CONGRESS.

THE Executive Committee appointed to make the arrangements for holding the next Congress are, we believe, rapidly approaching the completion of their duties.

The Congress will assemble at York on Wednesday, the 4th of September. A meeting of the Hahnemann Publishing Society will, we presume, be held, as on similar occasions previously, at nine o'clock. The business of the Congress will commence at ten, with an Address from the President, Dr. Francis Black, of Clifton, *On the Attitude of the Members of the Medical Profession towards Homœopathy*. Dr. Sharp, of Rugby, will read a paper on *The Way in which the Action of Drugs is to be Discovered*. In the afternoon, Dr. Richard Hughes, of Brighton, will read a paper on *The Treatment of Typhoid Fever*; and Dr. Pyburn, of Hull, one on *The Value of Serpent Poisons in the Treatment of Disease*.

The proceedings of the day will close with a dinner. The Secretaries are Dr. Gibbs Blake, of Birmingham, and Mr. Nankivell, of York, either of whom will be happy to supply intending visitors with any information they may require.

We may also add, that the presence of foreign homœopathic practitioners will be very welcome on this occasion. As York is a city full of objects of the deepest interest, and as it admits of being reached with great ease from all parts of England, we have every reason to anticipate the *reunion* of a great number of medical friends; while from the established reputations of those who have undertaken to read papers, and from the subjects they have selected to discourse on, the thoroughly practical



and eminently useful character of the discussions which marked the meetings at Birmingham and Oxford, will be fully maintained on the coming occasion.—*Monthly Hom. Rev.*, July, 1872.

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#### NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

THE twenty-first semi-annual meeting of the Society will be held in the city of Binghamton, Tuesday, August 13, 1872. The morning session will commence at 10 o'clock; the afternoon session at 3 o'clock. Reports will be presented from the following bureaus: *Materia Medica*, *Clinical Medicine*, *Obstetrics*, *Gynæcology*, *Pædology*, *Surgery*, *Ophthalmology*, *Histology*, *Climatology*, *Vital Statistics*, *Vaccination*, *Medical Education*, and *Statistics*.

This meeting is wholly devoted to the presentation and discussion of subjects pertaining to medical science.

Homœopathic physicians who are unable to be present in February, are particularly requested to attend this meeting.

It is desirable that the profession in all parts of the State be represented. The presence of delegates and others, residing even at remote distances, can be easily secured by means of the numerous and conveniently arranged trains on the Erie Railroad and its connecting branches.

H. M. PAINE,

Recording Secretary.

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#### ANALYSIS OF URINE.

DR. BUSHROD W. JAMES, 1821 Green Street, Philadelphia, desires physicians residing out of the city who send urine to be analyzed for the diagnosis of Bright's disease or diabetes, to observe the following rules: Fill a perfectly clean ounce vial made of stout glass with urine that has been voided in a clean vessel. Let the patient see that no saliva or other secretion or substance has been mixed with it. Cork the vial tightly, then cut off the cork, and seal over with wax or sealing wax. Label the vial with patient's name and date of voiding the urine. Wrap a little raw cotton around the vial, and subsequently roll up in paper. Then put in a small box, a trifle longer and wider than the wrapped package, with enough raw cotton to fill the box. Tie on the lid. Put another piece of paper around the box, and direct it to the above address, and send by express, prepaid, or, if the mail will carry it, send by post. Drop a line by post stating present symptoms of case and time of forwarding the urine. The analysis fee usual for such examinations (\$5), should be remitted by postal money order, check, or registered letter. The diagnostic result of the analysis and urinometer test will be forwarded as soon as made.

Physicians in the city (Philadelphia) can leave the specimens for analysis, properly marked, at the office of Dr. James.

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**CORRIGENDA.**—In the report of the proceedings of the *American Institute of Homœopathy*, as published in our last number, through some mischance the names of Drs. Dake and Wilkinson were substituted for those of Drs. T. L. Brown and R. C. Moffat, in the make-up of the *Com-*

*mittee on Credentials.* The Committee, as appointed, is as follows: H. M. Smith, New York; W. M. Williamson, Philadelphia; H. B. Clark, New Bedford, Mass.; T. P. Wilson, Cleveland; R. F. Baker, Dayenport, Iowa; T. L. Brown, Binghamton, N. Y.; R. C. Moffat, Brooklyn, N. Y.

DR. C. C. COX, of Washington, D. C., who made the stirring speech in favor of medical tolerance, reported in the July number of this journal, writes us as follows: "The report in the July number of your journal, in the main quite correct, is marked by some inaccuracies that require notice. For instance, I am made to say that *I served in a church vestry with Dr. Verdi, &c.*, when the remark was that there would have been as little propriety in thus arraigning me had I served in the same vestry, or even lived in the same square with Dr. Verdi. Again, I am made to allude to myself as one of the '*Ex-Presidents* of the American Medical Association,' instead of one of the *Ex-Vice-Presidents, &c.*"

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#### GLEANINGS FROM EXCHANGES.

IN *Lancet*, May 25th, and *British Medical Journal*, June 8th, are two interesting and important communications, by Mr. Furley, of Edinburgh, on the *Treatment of Small-pox by Vaccination*. He gives three cases in his first paper and six in his second, where the disease was modified in a most remarkable manner, and sometimes abated at once. He injects lymph subcutaneously through a fine syringe. He believes that to combat a severe case of small-pox, the amount of lymph used for an ordinary vaccination is not sufficient, and that the amount injected is a most important feature in the success of the treatment. He injects, according to the age of the patient and the severity of the case, the contents of from one to six tubes of lymph.—*Monthly Hom. Review*, July.

DR. BLUMENTHAL, of Riga, treated nine cases of *Asiatic cholera with hydrate of chloral* (3i to 3½ aq. dest. p. d.). It stops very quickly the diarrhoea and vomiting, but acts only gradually on the cramps. It is especially indicated in the algid state, when the collapse has not progressed so far that every hope of reaction is gone. Dr. John Murray, chief physician of the hospitals in the East Indies, considers chloroform one of the chief remedies in the algid stage.

IN *urethral stricture*, where difficulty is experienced in passing the catheter to relieve retention of urine, Dr. Wolf, of Berlin, recommends that a medium-sized metallic catheter be passed down to the point at which resistance is experienced, and that then a teaspoonful of warm olive or almond oil should be injected through the openings in the catheter. By one or two repetitions of this process the urethra becomes so lubricated at the seat of stricture that the catheter passes readily. The oil with which the catheter is at first anointed is soon rubbed off in its passage along the urethra.—*A. H. Z.*

STRONG doses of *Eucalyptus globulus* give rise to a somewhat burning taste, which extends to the pharynx and œsophagus, and they cause an over-secretion of buccal mucus and saliva. A sense of heat is felt in the stomach. Large doses (two to four grammes and upwards) produce feeling of weight in the epigastrium, strong-smelling eructations, and the digestion becomes deranged and difficult. This dyspepsia is sometimes followed by a diarrhœa, having, like the eructations, the odor of the plant. Moderate doses (from one to two grammes) are generally tolerated; at all events, one becomes easily habituated to them. Large doses sometimes cause congestive headache, general excitement, and a desire to keep moving, *followed by real fever*. The respiratory movements are quickened, the thirst is increased, there is uneasiness and loss of sleep. The contrary takes place in anæmic subjects; the medicine sends them to sleep. All this ensemble of symptoms is of short duration; it rarely lasts beyond a few hours. Dr. Picard experienced very severe headache after having taken only one or two deep inspirations of the essential oil.—*British Jour. of Hom.*, July.

IN an article on *laceration of the perineum*, Dr. Thomas More Madden, of Dublin, says: "In nearly one-half of the cases of laceration from all causes . . . the accident resulted from the neglect of supporting the perineum. This neglect occasioned more than double the number of lacerations produced by the next most frequent cause, namely, rigidity of the perineum; and these two causes together produced rather more than two-thirds of the total number of lacerations referred to." He further remarks: "The means of preventing lacerations are: 1. To support the perineum at the end of the second stage in every case of labor. 2. As far as possible to prevent the patient from bearing down whenever there is evident danger of laceration. 3. When this accident appears otherwise inevitable, it may sometimes be obviated by incising the perineum in such a manner as to afford a sufficient passage for the child, and at the same time protect the mother from the possibility of a recto-vaginal laceration." He recommends that in case of laceration surgical interference should be resorted to *at once*.—*American Journal of Obstetrics*, May.

DR. J. THORBURN, lecturer on Midwifery and Diseases of Women, Manchester, has published in pamphlet form "*Remarks on 113 Cases of Forceps Delivery*," with, strictly speaking, only one maternal death. In 103 of the cases where delivery was effected by the *forceps alone*, 85 infants were born alive, 14 dead, and 4 unaccounted for, but probably alive. The forceps were applied at or above the brim in 23 cases, in the pelvic cavity in 42, at the outlet in 48. The chief reasons for using the forceps in these cases were: a slight disproportion between the propelling force, the pelvic space, and the bulk of the fœtus (48 cases); decided want of expulsive force (22 cases); and (in 19 cases) decidedly deficient space, &c.—*London Lancet*, July.



## EDITORIAL NOTES.

THE homœopathic school in America is rapidly developing an element of weakness, which, in our opinion, will soon assume the proportions of a serious malady, if the right remedy be not promptly and vigorously applied. A curious feature of this weakness is, that it is often cited by our orators as an evidence of growth and strength. We refer to the rapid increase in the number of our medical colleges; an increase not called for by the demands of sections or neighborhoods, not warranted by the general requirements of the homœopathic school, not justifiable as a financial speculation, and only to be accounted for by the desire—the seemingly irresistible desire—in the minds of some physicians, to assume the role of instructor and take to themselves the title of “professor.” *Esprit du corps* does not avail to prevent, the good of the cause has no weight to restrain, the labors of those who have toiled long in the vineyard and have not yet received their reward, are not even considered; but a charter is hastily applied for and as hastily granted, a college is brought forth, of premature birth and unsatisfying proportions, and the happy party meet together, hobnob, elect each other professors and their friends trustees, and an “*Announcement*” is scattered broadcast over the land, in which the profession, the public, and all mankind are “congratulated” (God save the mark!) on the event.

It is not necessary that we should go into particulars in this matter. It may be a question whether or not it falls to the province of the American Institute and our State Societies to take cognizance of this evil and apply the remedy; but it requires no deliberation to decide that the subject is one in which the profession has a deep interest, and one too, to which earnest and prompt attention should be given. There is certainly danger ahead of us, possibly disgrace; and the former can only be averted and the latter avoided by prompt, energetic action; action so prompt and so energetic, in fact, that these mushroom “colleges,” springing up in a night from the muck-heap of unrestrained and selfish personal ambition, shall be rooted out utterly.

SOME NEW BOOKS.—It gives us pleasure to announce that Messrs. Boericke & Tafel will shortly issue two new and valuable additions to homœopathic literature, which will be printed and bound in that excellent style for which they have become celebrated. The first of these, now in press, is a treatise on *Morbus Brightii*, by Dr. Buchner, of Basle, translated by our good friend Lillenthal, of New York, with additions, including indications for the use of those remedies which have recently been recommended in the treatment of this distressing and dangerous disease. The second is entitled “*Scrofulous Affections and the advantages of their Treatment*,” by Dr. Goullon, of Weimar. This is being translated by Dr. Emil Tietze, of Philadelphia. We can speak confi-

dently of the value of these works, having recently examined the manuscript. Of the style and correctness of the translations, nothing need be said; the scholarly attainments of the translators being a sufficient guarantee. As before remarked, Buchner's work is now in press, and Goulton will be issued in September.

We may announce in this connection, too, that a second edition of *Guernsey's Obstetrics* is in course of preparation for the press, and will shortly be issued by the same enterprising publishing house. The new edition is being revised, remodelled, and enlarged.

Dr. A. R. Thomas, Professor of Anatomy in Hahnemann Medical College, Philadelphia, has a book in press, entitled "Post-Mortem Examinations and Morbid Anatomy," which from the well-known ability of its author, it is safe to predict will be a valuable publication.

OUR VOLUME EIGHTH.—The *Hahnemannian Monthly* enters its eighth year of publication with this number. The editor, for himself and the publishers, takes this opportunity to thank all contributors and subscribers who have assisted in maintaining a first-class medical periodical. That the journal is useful and is highly valued, we have abundant evidence; and we alike pledge ourselves anew to maintain its high character during the present volume, and to leave nothing undone that can add to its value and make it yet more acceptable to the profession.

MIDDLETOWN INSANE ASYLUM.—Governor Hoffman, of the State of New York, by and with the advice and consent of the Senate, has appointed the following persons to be Trustees of the State Homœopathic Asylum for the Insane at Middletown: Joshua Draper, Moses D. Stivers, of Middletown; Grinnell Burt, of Warwick; Horace M. Paine, of Albany; John Cowdry, of Warwick; Daniel Thompson, of Searsville; Charles H. Horton, of Middletown.

TOLERANCE IN TURKEY.—Dr. H. Lehmann, of Toledo, Ohio, writes us that a letter published in the *Wahrheitsfreund*, from a Trappist Monk in a monastery at or near Banjaluka, Turkey, speaks in high terms of the toleration of the Turks towards the monks and their religion. He prescribes for the ailments of about one hundred persons daily, according to homœopathic principles and practice, and no obstacle is laid in his way, nor has any one forbidden him to exercise his profession.

HOMŒOPATHY IN IOWA.—The tax-payers of the State of Iowa have petitioned the legislature of that State to adopt such measures as will give to the homœopathic medical profession, a representation in the Faculty of Medicine of the Iowa State University. They take strong ground in favor of their appeal, and it will be a difficult matter for the legislature to resist, unless they are governed by other motives than a desire to deal justly and righteously with the people.

COMPLIMENT TO A HEALTH OFFICER.—Dr. C. W. Boyce, of Auburn, has recently resigned his position of health officer of that city, after having served in that capacity for twenty-one years. In accepting his

resignation the common council passed a flattering "testimonial of his skill and ability as a physician, and of his discretion and fidelity as a public officer." Before locating in Auburn, Dr. Boyce was associated eight years with Dr. Clary, of Syracuse, as student and practitioner of medicine, and has for many years occupied a prominent position among the indefatigable workers in the homœopathic ranks.

PERSONAL. REMOVALS.—DR. LUCIUS D. MORSE has located at 19 West Court Street, Memphis, Tenn.

DR. CARROLL DUNHAM has removed from 68 East Twelfth Street to 21 West Nineteenth Street, New York.

DR. C. C. SLOCOMB has removed from Rutland, Mass., to Millbury, Mass.

MARRIED.—McCORT—WILTBECK.—At Trinity Church, West Troy, June 13th, 1872, by Rev. John Townsend, Dr. P. J. McCort, of Troy, New York, and Elizabeth M., daughter of F. U. Wiltbeck, Esq.

DIED.—DR. HENRY A. CLARK, formerly of Millbury, Mass., died at South Hadley, April 17th, of phthisis pulmonis, æt. 28.

DR. VEIT MEYER, well known for many years as the able and earnest editor of the *Allgemeine Homœopathische Zeitung*, died on the 18th of April last, after a brief illness. The deceased was one of that class of workers for homœopathy whose place when vacant is with difficulty filled. Kafka has succeeded to the editorial chair; an appointment as acceptable as any that could be made.

DR. WILLIAM HENDERSON, late Professor of Pathology in the University of Edinburgh, died April 1st, after a lingering illness. One of the greatest, if not the greatest, of all those who adopted the law of similars, Dr. Henderson did much, in his controversy with Simpson and others, to place homœopathy in a respectable position before the world, and more than any other writer before or since his time to answer either the shallow and scurrilous or the sensible and logical arguments of the old school against the system of Hahnemann. He was indeed a gifted and wonderful man, and as good as he was great. He compelled admiration and esteem even from his enemies while living, and his death has called forth a eulogistic obituary from the *London Lancet*, which journal, during his life, found it difficult to give expression to anything that seemed sufficiently scurrilous when speaking of him. His principal writings are his "Letter to Sir John Forbes;" "Homœopathy Fairly Represented," a reply to the mendacious attack of Simpson; "Introduction to the Study of Homœopathy;" and papers on Bright's disease, Pneumonia, and Apoplexy, contributed to the *British Journal of Homœopathy*.

MRS. C. H. HÆSELER, an estimable lady, and wife of Prof. Charles H. Hæsele, of Philadelphia, died suddenly, of apoplexy, May 8th, 1872, and was buried from the residence of her husband, No. 2009 Arch Street



HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHANY  
COUNTY, PA.

REPORTED BY J. H. McCLELLAND, M.D., SECRETARY.

HOMŒOPATHIC HOSPITAL, PITTSBURG, April 12th, 1872.

REGULAR meeting called to order by the Vice-President, L. M. Rousseau, M.D.

Present: Drs. J. F. Cooper, J. C. Burgher, M. Coté, H. Hofmann, L. H. Willard, L. M. Rousseau, W. R. Childs, C. P. Seip, R. L. McIntire, W. H. Boardman, H. W. Fulton, G. F. Coutant, and J. H. McClelland, and associate members Buffum, Caruthers, Chantler, and Rinehart.

Henry W. Fulton, M.D., of the 21st Ward, Pittsburg, was proposed for active membership, and the proposition was laid over under the rules.

The President, Dr. J. F. Cooper, having arrived, now took the chair.

Dr. McClelland, delegate to represent the physicians of the county before the managers of the new Twelfth Ward Hospital, Pittsburg, reported to the following effect, viz.:

Upon invitation he had attended a meeting of the managers of the hospital, and there presented the paper which had been prepared and signed by nearly all of the Homœopathic physicians in this vicinity, thanking the managers of the hospital for their liberal action in allowing patients their choice of treatment, and tendering the services of the signing physicians in carrying this provision into effect in the medical organization of the hospital.

He found the whole allopathic staff present at the meeting, and they violently opposed the admission of homœopaths to the hospital. The managers, however, were not disposed to encourage this intolerant spirit, and treated him (Dr. McC.) with every courtesy and consideration. He represented to them that the homœopathic physicians would attend in the hospital upon no other than equal terms with their allopathic brethren, and proposed the appointment of a separate (homœopathic) staff, subject to none but the managers themselves.

As the matter now stands, the resolution adopted by the managers gives paying patients their choice of physicians; but there is a strong disposition to allow *all* patients this liberty and to appoint a homœopathic staff. We propose to keep the ball moving. This hospital at present has the capacity of two hundred beds.

Dr. Childs moved that the report be accepted, with thanks, and that Dr. McClelland be continued as the representative of the homœopathic profession before the managers. Seconded by Dr. Willard, and carried.

Dr. Burgher offered the following resolution, viz.:

That no member of this Society attend patients in the Twelfth Ward General Hospital unless upon equal terms with the allopathic school.

After considerable discussion the resolution was adopted.

Dr. Cooper read a partially-prepared paper, on

*Disinfectants.*

He said the agent should have a chemical affinity for the gas that was to be neutralized. It has been erroneously supposed that unless the disinfectant had a powerful odor it was powerless to deodorize; but this was not the fact. He believed that different diseases required different specific disinfectants for the destruction of the disease-producing germ, which is carried from person to person, as in epidemics. In offensive ulcers, he knew that permanganate of potash had a most cleansing effect, destroying offensive odors and discharges.

Dr. Childs said he had used the permanganate in diphtheria and nasal catarrh with happy effect.

Dr. Cooper said the provings indicated that it would be of great service in diphtheria affecting the larynx.

Dr. Burgher spoke of Bromo-chloralum; said it was claimed to be very effective in destroying odors. He remarked that there was a difference between merely smothering an odor and destroying it.

Dr. Childs had heard of its being used as a deodorizer with great success. Had also heard from an O. S. physician that it was a fraud.

Dr. Hofmann said that some of the German papers described it as a humbug.

Dr. Seip spoke of dry earth as less offensive than carbolic acid and equally effective in some cases.

Dr. McClelland proposed the query, whether the disease-producing germ was not distinct from the offensive gas which accompanied it, and was the object of attack; and whether the destruction of the odor of any given effluvia included necessarily the destruction of the disease-producing principle therein contained?

Dr. Hofmann took the ground that disinfectants absorbed and changed the noxious gases, and the disease-producing power with them. Did not think that the gases and the disease germs might be distinct.

Dr. Cooper rather favored the idea that the offensive effluvia might act the part of a vehicle, and that its deodorization did not necessarily include the destruction of the active agent which reproduced the disease.

Dr. McClelland believed the chemistry of disinfection was still in its infancy, and that a specific contagion was thrown off from each disease, requiring a specific agent for its destruction, as suggested by Dr. Cooper. Our researches should therefore be made having this idea in mind.

Dr. Willard moved that the committees appointed to prepare scientific papers have the privilege of adding the associate members to their number, to facilitate the work. Seconded by Dr. Childs, and carried.

Dr. Burgher moved that Dr. Cooper be requested to finish his paper on disinfectants for next meeting. Carried.

The Society then adjourned.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL  
SOCIETY.

ANNUAL MEETING.

(REPORTED BY H. V. MILLER, M.D.)

MORNING SESSION.

THE Society convened at Dr. Miller's office in Syracuse, June 20th, 1872, at 10 A.M., President Spooner in the chair. Present, Drs. Spooner, Dada, Clarey, Hawley, J. G. Bigelow, Marks, Stow, Benson, Parsell, Wells, Brewster, Schenck, Rhoades, Boyce, Truman, Southwick, and Miller.

The minutes of the last meeting were read and approved.

The Treasurer's report was presented, and being examined by the Auditing Committee, was found to be correct, as follows:

Cash received during the year,	\$23.56
Cash expended in the same time,	18.82
Balance on hand,	4.74
Due from delinquent members,	21.00

The Treasurer's Report was approved.

DISCUSSION ON RUBBER PLATES.

Dr. Stow had for some years worn a vermilion rubber plate, and had since suffered from hoarseness and accumulation in the pharynx of mucus, having a metallic taste. He was satisfied that these effects were occasioned by the vermilion, and he proposed to substitute celluloid.

Dr. Spooner had also worn a rubber plate, but he suffered no bad effects from it. His wife, however, being probably more susceptible to the action of mercury, could not wear her rubber plate without experiencing unpleasant effects from it and especially a metallic and astringent taste.

Dr. Rhoades had worn a rubber plate several years without noticing any poisonous effects.

Dr. Ball finds his gums receding and the teeth loose, but observes no other effect of the mercury.

Dr. Boyce had found the most intractable cases of sore mouth caused by rubber plates.

Dr. Benson stated, that celluloid was used by the dentist in Skaneateles with great satisfaction. It was considered decidedly preferable to vermilion rubber.

DISCUSSION ON CEREBRO-SPINAL MENINGITIS.

The Secretary read an interesting report of a fatal case of meningitis, furnished by Prof. Frost, as follows:

*A Fatal Case. Reported by Dr. J. H. P. Frost, M.D.*

The following case, equally remarkable for its pathology and for its pathogenesis, and for the manifest reaction of the one upon the other, I have thought worth reporting—from the very best authority—as an interesting and instructive study.



A. B., recently deceased under allopathic treatment, was a beautiful boy of four years and a half. His father was a vigorous man, in the prime of life; his mother's health had been delicate for years. Their two oldest children are nearly grown up, and enjoy perfect health. This little boy was greatly beloved, and attracted much attention on account of the unusual size of his head, the almost precocious development of his mental powers, and especially for his great memory. He had never been ill previous to this winter, when, in the early part of the season, he had diarrhœa, which however did not diminish his activity.

On Thursday, January 25th, he got a sore throat, which was promptly relieved, and he appeared in his usual health till Friday evening of the following week, when, from sitting in a cold public hall, at a concert, he experienced a *chill in his back*. The next day he seemed well, but went to bed at night with a high fever. Sunday, February 4th, he got from his father—a physician by education and a druggist by profession—*four grains of calomel* with some senna and rhubarb, in one dose. This purged him several times. He was very sick all day; complained of the *right side of his head*, and could not hold his head up.

Monday and Tuesday, fever all day; worse at night; face flushed; complained much of *heat in the back of his neck*, for which he had his pillow often turned over. His father prescribed *Ipecac.*, in glycerin, for the fever, which nauseated him so much that his mother tacitly omitted it after Monday. Wednesday A.M. the fever had left him; in the P.M. he insisted on being dressed, but soon found himself fatigued and was put to bed. Thursday he was dressed twice; was fretful; looked pale and very badly. Friday, Saturday, and Sunday he played round the room. Saturday P.M. he seemed so tired and feeble that his usual weekly bath was omitted.

Monday A.M., February 12th, on stripping him for a bath, his mother found *three dark spots*, nearly the size of a quarter of a dollar—the largest on the *left shoulder*, the others on his back, opposite each other—just above the hips, but these spots attracted no particular attention. Tuesday he went to ride, and walked up street on his return home. He seemed well, but complained of being *tired and looked pale*. Wednesday he felt well, and played in the room. Thursday, 15th, A.M., *six dark purple spots, like bruises (ecchymoses)*, appeared on his *head*, one very prominent, and which remained permanently at the centre of the forehead on the margin of the hairy scalp. He looked very badly; had a very bad color of the face, "*color of ashes*." Still he went down stairs (from the third story to the first) to his breakfast, and was dressed all day.

About midnight of this day *epistaxis* set in; thin, fresh, very red blood, running like water, from the *left nostril* alone. This was arrested by plugging with cotton. He had diarrhœa all the previous day, till it was checked with "chalk mixture." Friday he was up and dressed; played round the room. The family physician, a relation, now saw him for the first time. He expressed much surprise; pronounced "his blood

impoverished," and ordered *iron* (the chlorinated tincture), beef-tea, egg-nogg, sugar, and cream.

Saturday he went down to tea; but passed a very restless night, tossing and moaning. Sunday A.M. the *diarrhœa* returned; he had two stools. And on being lifted out of bed to the vessel, the *blood flowed from the right nostril*, the left being still plugged with cotton. The blood was *bright red*, and flowed from six till eleven A.M. He had now been taking *iron* two days, to strengthen his blood. The flow was finally arrested by plugging the nostril with cotton. Monday and Tuesday, February 19th and 20th, he improved; the *spots assumed a lighter color*; some of them, however, were as large as a silver dollar. Wednesday and Thursday he seemed almost well; sat on the lounge and cut paper; only his complexion was very pale and sallow.

Thursday P.M. his nose trickled a little, always thin, *very thin, bright red blood*. For a whole week, now, he had been taking the *muriated tincture of iron* (somewhat diluted), a teaspoonful every four hours. And all this week he had also a *thin, black, watery diarrhœa* (the result, no doubt, of the *muratic acid* in the iron tincture), for which he took astringents. He also complained this day, Thursday, of his *head*, and passed a restless night.

Friday, February 23d, the *epistaxis* again returned, early in the A.M. He was now *fretful*; "*his color was terrible, like ashes*;" and, for the first time, he became frightened at the blood, which now ran a stream, very fast flowing over himself and his mother. The left nostril was now plugged with cotton wet with "*Monsel's Solution*" (of persulphate of iron). This prevented the external flow, but the blood ran down his throat. All this day and night the blood flowed into his stomach. In the P.M. he became restless, and was in great distress; probably from the feebleness of the respiration and consequent sense of suffocation. He desired to be carried back and forth. At 7 P.M., on coughing, he vomited half a basinful of coagulated blood and seemed ready to die. After midnight he vomited again; continuing in great distress, constantly swallowing blood, *which could now be seen exuding from the roof of his mouth*. Saturday evening he threw up all food as soon as swallowed; then slept from exhaustion and from not being forced to swallow anything.

Sunday nothing would remain on his stomach; there was *constant nausea*. He got *creasote* and *quinine* all day. But at 10 P.M. the vomiting returned, and continued all night; *worse after being checked by creasote*. At 4 A.M., this Sunday, his *left arm and side were cold as ice and partially paralyzed*. He was still conscious; could move his arm, but could not clench his hand. From the time he began to vomit, Saturday night, he called incessantly for water, and swallowed pieces of ice. His pulse fluttered and his heart beat too rapidly to be counted.

Monday, February 26th, at 4 A.M. he began to utter *the most dreadful screams*. The screams and shrieks were constant. He still *retained consciousness*; wanted water all the time; said the pain was in his stom-

ach; that he *felt himself to be cold and stiff*. He preserved his senses to the last; paregoric had no effect, but *chloral hydrate*, every twenty minutes, gave some relief. He complained that he was "nervous;" there were tremblings (spasms) of the lower limbs. After dozing a few minutes, he would break out with *involuntary shrieks in a very high key*. His screams were strong and frightful, and only a short time before he expired (2 P.M., 26th) he raised himself up in bed.

Given a delicate and precocious child, scrofulous although apparently healthy, a full dose of *calomel*, plenty of *iron* and *chlorine*—and who shall doubt that enough *cerebro-spinal meningitis* should be started by the former, and enough *purpura* developed by the latter, to lead to a fatal termination even without the aid of poisonous doses of *pyroligneous acid* and *chloral hydrate*?

Dr. L. B. Wells reported several cases of cerebro-spinal meningitis cured by Hellebore.

1. April 1st, 1872, a child six years old, was taken with chills, vomiting, and a sensation in the occiput, as if he *had received a blow*; then flushed face, unconsciousness, and delirium. Livid spots soon appeared on the surface of the body and limbs; head thrown back; *neck rigid*; eyes rolled upward; pulse 120; frequent convulsions.

Hell. n.<sup>3</sup> every half hour, four times and then at longer intervals, followed by the 30th, until the fourth day, when he was discharged cured.

Two other similar cases were treated with same remedy, with the same results.

Dr. Parsell reported two cases, with purple spots, head retracted, and convulsions, successfully treated with Bell. The symptoms were similar to those reported by Dr. Wells, except there was no loss of consciousness. Dr. P. had had several cases not very violent, in which there was a decided aggravation of pains from movement, cured by Bry.

Dr. Benson reported a case of this disease, that had been treated allopathically three weeks. He found the following symptoms indicative of Mercurius: fetid breath, salivation, and looseness of the teeth. Mercurius cured in a week.

Dr. Boyce had treated two cases. One was a lad of twelve years. On rising one morning, he complained of headache, and his father gave him a dose of salts. After the operation, he felt better. Next morning he was worse, and he got more salts. He soon became insensible, with dilated pupils and head retracted. No characteristic symptoms were to be found, but according to his condition the previous day, Bell. was indicated, and it effected a cure. As in Arum try., there was a scalded appearance of mouth, lips, and nasal passages.

The Secretary stated that Dr. James, Sr., had recommended alcohol as a remedy in this affection.

Dr. Ball said that according to Baer, the dose of alcohol corresponded to that of ordinary homœopathic remedies.

The following interesting report was received from Dr. J. F. Baker, of Batavia.



In Western New York, during the past seven years, cerebro-spinal meningitis has prevailed extensively and in a very malignant form. In or near the village of Attica, at one time, seven children lay dead from this disease. The chief remedy used by Dr. Baker is *Cicuta virosa*, 2c, with which, during the past seven years, he has cured about sixty cases in all stages and in all degrees of malignancy, and in no instance has this remedy in his hands failed to prove curative.

A lad of eight years, in Scottsville, when at school, suddenly grasped his knee with his hands, and *screamed* fearfully. Immediately afterwards he was seized with convulsions and insensibility, the head being *permanently retracted*. There were high fever; vomiting; *dilated pupils*; *double vision*; *ashy paleness of the face*; one diarrhœic stool, and then constipation. *Cicuta v.* 2c, once in two hours to once in twenty-four hours. Cure in four days.

2. David Gray, 17 years old, of Batavia, had been treated for same disease allopathically and unsuccessfully five weeks. Previously, in the same family, three children, had died of the same complaint. This was the last child, and he was given up to die, his physician being demoralized. The following was the condition in which Dr. B. found him: Head retracted; rigid spine; pupils dilated; diplopia; rapid pulse; perfect deafness; dumb for several days; dyspnœa; dysphagia; no muscular flinching when the trunk or lower extremities were pricked with a pin; perfect paralysis,—had not moved nor winked in several days; *Cicuta virosa*<sup>200</sup>. Next morning patient could breathe more easily, and there was less strangling when taking the medicine. Third day, no strangling; has taken a little chicken broth. Fourth day, patient has been winking all night; no strangling; can now speak. After this, he steadily progressed to a perfect cure, meantime taking no other medicine. For a while he walked on crutches, but was otherwise well, and in three months he was perfectly restored.

3. John Webster, of Wyoming, 9 years old, had been treated allopathically five weeks and was abandoned to die; case similar to No. 2, but not perfectly insensible nor speechless; at night high fever, rapid pulse, and restlessness; pulse 120 to 160; red tongue with the fever; pale face; cold extremities except during the exacerbation of fever; dilated pupils; diplopia; head retracted, could not turn it either way; spine rigid; immobility of the legs; constipation. *Cicuta v.*<sup>200</sup>, with Gels. as an intercurrent, cured the case, rigidity of the spine being the last symptom to yield.

4. Florry Graham, 17 years old, had been treated allopathically seven weeks for the same disease. Found the following condition: Insensible; rapid pulse; diplopia; dilated pupils; rigid spine; head retracted; five large dark-colored bed-sores. *Cicuta v.*<sup>200</sup> effected a brilliant cure.

Dr. B. found the 200th the most efficient potency in all his cases. He sometimes used the 30th, but the effect was unsatisfactory, and he was obliged to return to the 200th. Generally, if other remedies were tem-

porarily resorted to, the patient soon became worse and they had to be abandoned. The Doctor enthusiastically regards *Cicuta v.* as almost an absolute specific for this fearful malady.

Drs. Seward and Miller grouped together the following symptoms equally characteristic of *Cicuta v.*, and of cerebro-spinal meningitis: Moaning and howling; disposition to be frightened; grinding of the teeth; diplopia; dilated or contracted pupils; dumbness; deafness; dyspnoea; dysphagia; cramp in the cervical muscles with inability to move the head after it has been turned in any direction; stiffness of the neck, not permitting the head to be turned; tension and soreness of the muscles with retracted head; tonic spasms of the cervical muscles; trembling of the limbs; startlings and convulsive movements of the limbs.

Convulsions with cries, paleness of the face, pressing together of the jaws, numbness and distortion of the limbs, suspension of respiration, foam at the mouth, opisthotonos, violent shocks through the head, arms, and legs, which cause them to jerk suddenly; bluish puffed face, difficulty of being roused from sleep. After the fit the body remains insensible, and, as it were, dead. State of insensibility and immobility, with loss of strength and of consciousness.

#### AFTERNOON SESSION.

##### DISCUSSION ON DISEASES OF WOMEN.

*Diseases of the Mucous Membrane of the Female Genito-Urinary System* being in order, Dr. Miller reported the following cases:

##### 1. *Lochial Suppression.* *Sil.*

A case of lochial suppression was followed by pressive, boring pain in left temple, left supraorbital nerve, and whole orbit of the eye. Aggravated from talking and mental exertion. *Previous to the suppression the act of nursing had been each time attended with a venous metrorrhagia*,—nervo-scrofulous diathesis. *Sil.* 2<sup>c</sup> speedily relieved the headache, and soon afterwards restored the discharge. Several times subsequently, when the discharge ceased and the headache supervened, *Sil.* 2<sup>c</sup> was administered with the same results.

##### 2. *Leucorrhœa.* *Stann.*

In several cases of profuse leucorrhœa, white or yellow, causing *great general debility*, *Stan.* 3<sup>c</sup> or 2<sup>c</sup> has not failed to answer my expectations, but has proved curative. Usually the weakness seems to proceed from the chest, and especially to involve the larynx. During the catamena, great exhaustion and laryngeal weakness, are characteristic of *Carbo an.*

##### 3. *Leucorrhœa.* *Sarsap.*

In a case of leucorrhœa, continuing six months after parturition, with severe labor-like pains from sacrum to crests of ilia, or around to uterus

(Sab.); heat and pulsation in sacrum; scanty, white leucorrhœa, when walking or exercising (Puls.); scalding micturition; *severe pain at close of urination* (Nat. m. gives cutting after mict.); had had many abortions. Sarsap. 2<sup>c</sup> was followed by entire relief for a month of all these symptoms. Afterwards other remedies were indicated.

Dr. Miller said that the subject of temperaments was important, and often essential to success in the treatment of female diseases. There were various classifications of temperament. We have the ancient classification and two new and original ones—the latter by Grauvogl and Dr. J. C. Morgan—all of which are doubtless of practical utility.

Dr. Stow said that, in the treatment of female diseases, the chief fault of practitioners consisted in giving too great prominence to local symptoms; whereas, in order to attain success, we must consider the general symptoms. He related cases in illustration in which, after repeated failures from prescribing according to local symptoms, the appreciation of general symptoms finally led to the choice of the proper remedy in each case, and hence to a brilliant result.

1. In a case of leucorrhœa, with constipation, itching of the vulva, and various other symptoms, he had prescribed, according to these symptoms, Puls., Calc., Plat., &c., to no purpose. One day he observed that the patient was barefoot, and inquired the cause. She answered that her feet were often too hot, especially the soles at night. No fever. According to constitutional symptoms he prescribed Sulphur, high potency, and, during the last two months, the patient has rapidly improved in every respect.

2. A lady of pale complexion, blue eyes, light hair, chilliness, was obliged, when cooking, to keep her windows open even in mid-winter. Puls. produced the most satisfactory results, and removed her intolerance of the heat of a stove.

Drs. Ball and Schenck presented clinical cases to the Society for treatment and advice.

#### *Tight Lacing, Specialism, &c.*

Dr. Clary believed that, instead of deterioration, there was of late years a decided improvement in regard to the extent and prevalence of female diseases. And this was the case even in our cities. He saw but little evidence of tight lacing, and thought the evil was less prevalent than formerly.

Dr. Dada corrected Dr. Clary. She found it very common even among young girls. The lower part of the female chest did not expand so freely as it should. This was, doubtless, owing chiefly to the prevalence of this practice.

Dr. Clary said he might be mistaken in that respect, but people lived more plainly than formerly. They ate less of rich pies, cakes, and highly seasoned food. They were more intelligent in regard to the laws of health. Yet American females had too little open air exercise,—their



habits were too sedentary. Such habits should be corrected, and professional specialism discountenanced. There was a great temptation to resort to specialism, because a doctor could make money more easily and rapidly this way than by any other. Specialists are tempted to magnify the symptoms of a case. They played upon the imagination. If a patient did not actually have ulceration of the os tincæ, she might easily be made to think she had. He sometimes used topically, for leucorrhœa, the permanganate of potash.

Dr. Stow approved the remarks of Dr. Clary, in regard to specialism, but not in respect to the prevalence of female diseases.

#### DISCUSSION ON THE SPECULUM, ETC.

Dr. Boyce said there was no mistake about the fact that these diseases prevailed extensively, otherwise why should we expend so much time here in the discussion of their treatment? He came here for improvement in this respect. We did not come to discuss specialism. Specialists frequently effected not only palliation, but even cures; yet, on the whole, they might do more harm than good. He sometimes used local applications. These were not invariably deleterious. He had frequently known severe cases to be relieved and even cured by such means. In Dr. Ball's case there was doubtless extensive inflammation of the uterus and ovaries, occasioning the extreme sensibility of the parts and requiring careful treatment. In reporting cases, we should state the exact condition of things; and, to do this, a thorough digital and specular examination should be made. He had used the speculum a great deal, and he would not prescribe without a thorough understanding of such cases. This subject is very extensive. Leucorrhœa is analogous to nasal catarrh, and is just as difficult to cure. What will cure one case will not necessarily cure another. As Dr. Stow has observed, the constitutional symptoms are the chief guide. Dr. Schenck has well remarked that each physician should honestly report his average experience. With a single exception, and that a non-attendant, he believed all the members of this society were veracious and reliable. In some very grave cases, he had with homœopathic remedies achieved marvellous success. This gave him great encouragement to persevere in difficult cases, but he must admit that he was oftener baffled. He related a case of chronic metritis with sphacelated condition and terrible sanious discharge, promptly cured by *Lachesis*<sup>12</sup>. This was one of his most successful cases.

Dr. Brewster suggested that the excessive tenderness of the genital organs, in the case of Dr. Ball's patient, was due to a derangement of the sympathetic nervous system. He related a case of convulsions originating in suppression of the menses by exposure to cold, which had been treated allopathically four years without success. There was great sensibility of the genital organs to the touch. During the convulsions the patient was unconscious, and there was always a decided aggravation of symptoms after sleep. This indicated *Lachesis*, which restored the catamenia and cured the convulsions.

Dr. Miller used no topical applications, and ordinarily made neither digital nor instrumental explorations of the female genital organs. Some made a hobby of the speculum, but were disposed to neglect important subjective symptoms. Hence their indifferent success. As intestinal catarrhs and most other abdominal affections were curable without the necessity of a digital or ocular exploration of the rectum in order to make an intelligent prescription, so uterine catarrhs, menstrual derangements, and various other female complaints were generally amenable to treatment without the necessity of daily inspecting the os. His success in the treatment of these affections was as satisfactory as in almost any other forms of disease.

Dr. Ball reported the following cases :

1. *Menorrhagia. Calc.*<sup>30</sup>.

A lady of nervo-sanguine temperament had had scarlatina several years previously to becoming my patient. Since then her menses had gradually increased in quantity and duration until there was scarcely any interval of relief from the discharge. Though anæmic, she was *not much emaciated*. After the menstrual nixus four doses of *Calc. c.*<sup>30</sup>, and the same repeated four weeks afterwards, effected a permanent cure.

2. *Leucorrhœa. Arg. nit.*

In a case of leucorrhœa, a local application of a strong solution of nitrate of silver was followed by the discharge of a tubular membrane, and no return of the leucorrhœa.

*Leucorrhœa. Berb.*<sup>200</sup>. (By J. F. Baker, M.D.)

Mrs. K., age 27. Fleishy, dark complexion, black hair, and keen black eyes; barrenness; had albuminous leucorrhœa six years; worse before catamenia; but the most prominent and troublesome symptom was an intense burning and smarting after urination, and a constant soreness along the whole course of the urethra. During the entire six years, she had doctored allopathically and homœopathically, and never found any relief from this burning distress, except by sitting over warm water. *Berb.*<sup>200</sup>, one dose, produced a great aggravation of the burning, the worst she ever had, continuing all night, and followed in the morning by a profuse menstrual discharge, occurring only a week after the regular catamenia. Thenceforward she rapidly improved until recovery from all the symptoms was complete.

MISCELLANEOUS ARTICLES REPORTED.

1. *Case of Poisoning by Veratrum Viride.* (Reported by J. P. Truman, M.D., Homer, N. Y.)

A man about 55 years of age, of bilious temperament, very strongly built, and usually healthy, suffered from sciatica, with scarcely any concomitant symptoms. According to his own expressive language, "he never felt so well in his life, were it not for this confounded pain in his

leg." He was his own doctor, and dosed himself with what was supposed to be skunk's cabbage, macerated in whisky. For about two days he had taken quantities sufficient to produce perspiration, which relieved the pain. Being in a great hurry to get well, and getting impatient, and thinking that if a little was good, more might be better, he suddenly increased the dose, and took half an ounce of the whisky tincture (the whisky was as pure as I could get) all at one dose.

*Pathogenetic Symptoms.*

Vertigo and sudden prostration, soon followed by vomiting of bile, and then of mucus and dark-colored blood; then severe retching and moaning, with great fear of death; pulse scarcely perceptible, and very slow—40 to 45 per minute. This stage continued about an hour, when I gave a dose of *Ars.*<sup>3</sup>. Soon afterwards the retching and vomiting ceased. During the greatest depression he complained of being very cold, and his limbs were bathed with a cold perspiration. Most of the time between the vomiting spells he was lethargic, with slow and difficult respiration. When the vomiting ceased he complained of severe constriction about the chest, with great anguish. These symptoms continued ten to fifteen minutes. He then became quarrelsome and delirious, striking and kicking with right hand and foot. At times these movements appeared to be involuntary. This mental condition changed to a happy and comical delirious state, which continued fifteen hours. There was a gradual return to a normal pulse and temperature. For several days the patient was troubled with an acrid, sour rising from the stomach. The sciatica was not cured.

2. *Incomplete Intermittent Fever. Ars.*<sup>3</sup>. (By Dr. M. H. Brown,  
Syracuse, N. Y.)

Mrs. B., æt. 69, had been treated allopathically six weeks without success, when I found the following symptoms: Slight chill, or none at all, beginning at *midnight*, followed by heat, or *chilliness* and *heat*, in *rapid succession*; *great thirst*, but *drinks little at a time*; *oppression of chest* and *short breathing*; *some time after the heat the sweat sets in*, *when the thirst is increased*, and *the patient drinks large quantities of water*.

*Ars.*<sup>3</sup>. Recovery in four days.

3. *Inflammatory Rheumatism. Ars.* (By Dr. L. C. Crowell, Syracuse, N. Y.)

May 4th, 1872. Was called to see Miss L. Symptoms: Flushed face; dry, hot skin; pulse 96; great thirst; white-coated tongue; burning pain in knees, ankles, and occasionally in hips; one day the pains would disappear, but to return the next day with increased severity; aggravated at 1 A.M.; pains burning and throbbing; pain and heat without swelling; with thirst she drank but little at a time, and it seemed to occasion nausea; prostration, restlessness, and anxiety. After prescribing several remedies without success, gave *Ars.*<sup>3</sup>, then *Ars.*<sup>6</sup>. A steady improvement followed, and in a week a perfect cure.



4. *Coryza and Bronchitis. Badiaga. (H. V. M.)*

For two weeks a child had suffered from a severe catarrhal inflammation of the air-passages, with fever, thirst, redness of the face, sneezing, lachrymation, and spasmodic cough; during each paroxysm of coughing, crying, pressing the hands upon the head, sometimes strangling, face turning dark, and thick, *yellow, viscid mucus flying out of the mouth* (Bad. and Chel.) and nostrils; cough loose A.M., and tight P.M., and evening. After Puls., Sulph., Dros., and various other remedies failed, Bad. 2<sup>c</sup> made a speedy cure.

NOTE.—Last spring and winter I observed many cases of obstinate bronchitis, which were characterized by a *frequent change from dryness and tightness to looseness and easy expectoration*. Prof. C. C. Smith refers to Squills as a remedy in such cases.

5. *Rheumatism. Calc. c. (H. V. M.)*

April 23d, 1872. W. D. C.; black hair, dark complexion, blue eyes. For some months past he has had rheumatism in shoulders, worse in left, and recently lameness in left knee; has a cough only when he takes cold; also a sensation of soreness and acute sensibility to pressure in a small space in the pectoral muscles, left side, upper third; from this point lancinating pains extend transversely across sternum to a corresponding point in the right side of the chest, thence turning a little downward. These pains occasion dyspnœa and a sense of constriction in the thoracic parietes.

In Dr. Gregg's charts of the front of the chest there are two remedies giving horizontal, lancinating pains, extending from left to right. Calc. c. and Ranunc. b. Calc. c. corresponds to the proper location, and Gregg gives its pathogenetic symptoms as follows: "Stitches across the chest from left to right; his breathing was difficult, and, during respiration, the stitches became violent."

Under the head of rheumatism, Raue gives the following symptoms of Calc. c.: "Chronic arthritis; worse with every change of weather; also omodynia in right shoulder, or from the left shoulder, down along the arm, and towards the heart." All these symptoms, except arthritis, being found in the case, Calc. c., 6<sup>m</sup>, was prescribed, and after twenty-four hours a steady improvement commenced and continued for a week or two, until nothing remained but a little soreness in left upper chest requiring other remedies.

On motion of Dr. Stow, the following Committee on Publication were appointed: Drs. Miller, Stow, and Schenck.

*Election of Officers for the Ensuing Year.*

Dr. L. B. Wells was unanimously elected President.

Dr. P. O. C. Benson was duly elected Vice-President; and

Dr. H. V. Miller was re-elected Secretary and Treasurer.

Adjourned to third Thursday (19th) of September, 1872.

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IS HOMŒOPATHY A SCIENCE?

BY O. P. BAER, A. M., M. D.

THE twenty-fifth session of the American Institute of Homœopathy is numbered with the things that were. The Institute, however, exists still, and I trust it will continue to multiply in membership and become a unit in sentiment. As it is, it is like a "house divided against itself," and divided, too, upon the cardinal points of our medical faith. In true science there is unity, and consequently strength. Now the ultimatum in the argument is: Can Homœopathy be considered a science? I say, most emphatically, it can; and in order to substantiate this my frank assertion, being well aware of the breakers ahead and the responsibility to be assumed, I shall nevertheless try what virtue there is in a common-sense argument.

I have made the assertion that Homœopathy is a science, and before proceeding to substantiate this position I feel it my duty to define what is meant by the term "science." The word itself means "to know," to mentally store up facts—knowledge upon facts classified: all induction and deduction, both objective and subjective, which will stand the test of comparison and analysis with other known truths, is science. True science—pure, undefiled science—is that, the truths of which all harmonize with each other and with all other known truths of every other

true science known to man. All truth is from God, who is the living centre of all science, the very embodiment of truth. From Him radiates all truth, which divides and redivides *ad infinitum*, until it reaches man, presenting every possible phase and form to subserve his every want and pleasure. These truths being given, it is man's province to discover them and properly classify them. This classification is *science*. The definition of *science* being given, the next point to be decided in the argument is, does homœopathy comply with and undeniably satisfy the requirements of the definition given? If so, my point is gained, and homœopathy is numbered among the sciences.

Let us now see what homœopathy teaches and promulgates. *First*: It positively demands the proving of all drugs upon the healthy human organism, and with the same positiveness denounces the use of untried medication upon the *sick*.

*Second*: It holds that all medication should be in strict agreement with the known physiological laws governing the whole organism, both physical and mental.

*Third*: It teaches that the *toxic* effects of drugs should never be reached in the treatment of any disease; in fact there should not be even a sensible disturbance of the vital forces.

*Fourth*: That health is the result of harmonious action in the formative atoms of the cell; and is only maintained by the polarity of each atom. Distract, or in any way divert or disturb this atomic polarity, and you at once produce sickness, death, and dissolution.

*Fifth*: Sickness and all its consequences are but the results of atomic depolarization, or, in other words, diverted or disturbed polarization.

*Sixth*: To correct this anti-physiological, pathological, or disturbed polarized condition, is the true province of the physician.

*Seventh*: The means of correction or agents of cure are



to be looked for in all three of the kingdoms of nature—the mineral, the vegetable, and the animal.

*Eighth:* All remedial agents should be used according to the precise law of correspondence; or, in other words, each remedy prescribed ought, yea, must have in itself the quality of producing the very image and likeness of the symptoms manifest in the person to be treated. Every substance in its elements or atoms is an *entity*, having *identity*, which identity can never be changed, modified, or destroyed, but is forever irrevocably fixed; an atom of Belladonna was made so at the first, has ever been such, and will continue to be such, as it now is, for all time to come, notwithstanding the thousands of vicissitudes through which it may pass; divide it, and subdivide *ad infinitum*, and use it over and over again, and in spite of all your efforts at annihilation it will be Belladonna still. Though we fully recognize the law of mutation, death, and dissolution of all earthly things in their complex, yet we must utterly eschew the idea of the destruction of the identity of the atom. You may divert it from its purpose, you may change its polarity, you may prevent its union with its fellow atoms, and set it free by destroying its molecular combinations, but its identity you are utterly incompetent even to disturb.

Everything living or dead is just such as its atoms make it, nothing more, nothing less. If they are healthy the structure is healthy; if they are diseased the structure is an exact image thereof. This brings us necessarily to another point on the road of inquiry. It is an admitted fact that man is *the* microcosm, the very *epitome* of the physical universe: he is the embodiment of all things created therein. It was for him that all natural things are and were created, and Jehovah had the creation of man in view at the very dawn of creation, as its very ultimatum. He is, therefore, a new and complex series of all below him, and a finite image and likeness of infinitude above him. He has, therefore, most assuredly

a something in him corresponding to everything below him, in all the kingdoms of nature. It is this condition in man, this correlative relation existing between man as the excelsior and every created object below him, that makes him respond physically to the action of inferior organizations, when taken into his system for the purpose of cure, or as food, or poison. Man depends alike for his food, drink, and cure upon the same great storehouse. Though structurally superior to all things else in the whole physical universe, yet he is dependent upon every one of them, and independent of none. All things conduce to man's weal, either as food or cure, just in proportion as he is in correlative relation with them, and no farther. Each class, genera, and species of the whole three kingdoms of nature, represent and correspond to some principle in man distinctively his own: hence, when man is sick, or in any way diseased, every symptom of the disease, taken singly or collectively, must be, and necessarily is in direct correspondence with, and is a perfect picture of, some substance representing the diseased action in him.

*Ninth:* Every diseased action in man is a *perfect picture* of the representative characteristics inherent in and qualitatively belonging to some physical agent somewhere in the world around him. From these truths result, as an axiom, *similia similibus curantur*, which is surely a self-evident truth in physics. And the *similimum*, in all pathological conditions, is that remedy whose pathogenesis is the prototype of them. This is the inevitable result of all our deductions, and is in truth one of the cardinal points in the Science of Homœopathy. It is incontrovertible, and therefore an axiom. It is a deathblow to palliation, as the only true palliative is the exact *similimum*. Every agent given or applied in contradistinction to this law, is worse than folly and surely leaves its sting behind. He who violates these natural, constitutional

principles fails as an *exponent* of the science of Homœopathy, and merits condemnation.

Palliatives in the allopathic profession are given strictly in accordance with their law of dissimilars, or *contraria contrariis curantur*. Whatever may be their shortcomings in other respects, they scarcely ever swerve from the law of contraries in case of suffering. But for a homœopathist, a professed follower of Hahnemann, a disciple of the doctrine formulated in *similia similibus curantur*, and more than this, a professor and teacher in one of our prominent colleges to prescribe twenty grains of Hydrate of Chloral per dose, and two such doses in the space of one hour, in a case of puerperal convulsions, [after having given one homœopathic dose of Hyoscyamus for merely a reflex symptom, to the utter neglect of the weightier symptoms of the case, which peremptorily called for Belladonna as the true similimum, and which would have promptly cured the case], shows, to say the least of it, a glaring want of the proper knowledge of our Materia Medica in its correspondence with diseased action. "*O fortunatos nimium sua si bona norint.*"

*Tenth:* The law of similars is inherent in and coextensive with the universe. All things in the mineral kingdom simulate all things in the vegetable kingdom, and so all things in the vegetable kingdom simulate all things in the animal kingdom; and although man is physically considered as belonging to the animal kingdom, yet psychically speaking he is one or more discreet degrees above it. He is the capstone, the pinnacle of the stupendous whole, whose God the centre is. Abstractedly there are but two beings in the world, God and man. All else are but subsidiary and strictly subservient thereto. Man, or to be more explicit, mankind taken collectively, must affect all kingdoms below him, either for weal or for woe, as he is good or bad, ill or well, and stamp them with his own peculiar characteristics, or may even change their species altogether. As man changes in his intellectual



and moral aspects, so necessarily must everything change below him, that the similitude may not be broken; for whatever link you strike, the tenth or ten-thousandth, you break the chain alike. While man acts upon all below him through his intellectual and moral sphere, they react upon him from their physical sphere. Hence the law of compensation, action and reaction. This law of compensation in action and reaction causes new diseases, or different aspects and phases of the already familiar diseases. This teaches us that the proper study of mankind is *man*, and the *special* study of the physician should be the *Materia Medica*; this he should keep constantly before his mind's eye, study it seriously, and make it his own in every sense of the word. He should familiarize himself with it, as he has with the alphabet, that he may use it in all emergencies. I have made it a rule for myself, and I rigidly carry it out, to read and compare the whole *Materia Medica* once each year, and the principal remedies often. I have done so for more than twenty-five years, and I never fail to draw from it some lasting good. Whoever will try this plan will have no use for palliatives. Here, I conceive, lies the philosopher's stone of homœopathic science, and those only will find it who work for it with clean hands and willing hearts.

*Eleventh:* There can be no *two things alike*. No two classes of symptoms are alike, no two remedies represent precisely the same class of symptoms; there will always be distinctive differences. Two remedies cannot, therefore, represent a case. One remedy, the real *similimum*, is the true and proper specific. In this we see the beauty of homœopathy; it narrows things down to mere points, as do all exact sciences well understood. There can be no such thing as routinism in true homœopathy; it demands the *similimum* or nothing. Homœopathy is as yet in its infancy, as also are many of the natural sciences so-called, but as this is truly the intellectual age, it will rapidly develop until every symptom can be met by its counterpart,

the true remedy. Analyzation and classification of all drug characteristics from all quarters of the globe, and from every kingdom of nature, is now being demanded; and the science of Homœopathy is responsible to the suffering world for its accomplishment. It has sounded the alarm against the administration of crude drugs, and hence it falls to it to bring relief. And its votaries are the keepers of this sacred trust, and woe to them should they prove recreant to it.

*Twelfth:* The *totality of the symptoms* of any given case of disease is the only critical solution of the remedy. Thus, mathematically speaking, you have two things given to find the third, viz.: you have the totality of symptoms and the *Materia Medica* given to find the remedy. Now, by just elimination, you reject all but the prototype of your case, and the work is measurably done. Two remedies cannot represent a case any more than two factors of different relations can represent the same quantity. Why do the best of us, then, often use two remedies alternately in the same case? Surely, not from scientific considerations, neither from a deficiency in our *Materia Medica*, nor from any idiosyncrasies in our case; but, in commiseration be it said, from a want of a thorough knowledge either of the case or of the *Materia Medica*, or of both. And we alone are responsible for the failure. He who accepts homœopathy accepts all its burdens and its responsibilities, and is amenable to his patrons and the profession at large for a faithful discharge of the obligations he has voluntarily assumed.

*Thirteenth:* The potency and dose should never be in appreciable quantities. Hundreds of reputable physicians have cured innumerable cases of both acute and chronic diseases with what is denominated *high* potencies. They are daily effecting cures promptly and permanently with inconceivably small doses—infinitesimal, truly. The diseased symptoms being all collected and classified, and the proper remedy selected, the dose must necessarily be very

small; and the more nearly the remedy is the true simillimum, the less will be the dose required. It needs not philosophy to teach this doctrine; the practical test will be the best teacher. Ridicule is no argument against anything, and he who blindly ridicules a truth, discovered to be such by others, is a miserable sacrifice to evil and falsity. "Large bodies move slowly;" a saying just as true in the science of medicine as in physics. Masses, as such, cannot act upon the animal organism; particles do, to a certain extent, and molecules still more, but the greatest activity dwells inherently in the *atom*. All structures, whether mineral, vegetable, or animal, are built atom by atom, and are likewise disorganized in the same way. The atom is the protoplasmic basis of life; not that it has life in itself, but that it is the true, finite recipient of life. God is force, the very centre of power; and as you approach infinity you approach the very essence of potency or power; as you recede from infinity you approach crudity, inertness. God did not create the universe from *nothing*, as is foolishly taught by theologians, but from himself, atom by atom, just as he is now momentarily creating everything visible and invisible. God never did create things *en masse*. Subsistence is constant creation, and subsistence is carried on by infinitesimals alone. Now we, as homœopaths, seek these very agencies to repel disease. It cannot be denied that disease enters by and through atoms. Can you weigh, taste, or smell, handle, see, or hear the miasma, effluvia, or vegetable poison that prostrates you upon the bed of suffering and death? Certainly not! Then is it not a just inference in physics that whatever can produce sickness, even unto death, may also, in the same potency, produce life, in the sense of bodily health? He who, therefore, uses crude doses, in the sense of crudities, is crude himself. If the tenth or the ten-thousandth potency will cure the patient, what need is there of anything more? All our formative or destructive agents are invisible and in-



tangible. Things germinate, grow to perfection, and then lose balance, die, and decay. Can you see the agents that produce these changes at work? No; you see the results, as they manifest themselves in bulk—and in bulk only. Now in these infinitely small though most effective workshops, is all the work of the physical universe performed. We know that all chemical and electrical changes occur away down deep, as it were, out of the keenest sight. It has been well observed that the invisible part of the natural world is its laboratory. It is here where all its jewels are prepared, and all its beauties elaborated. And it is here, also, where all our ills are engendered, and here too we find the cure.

These few fragmentary deductions prove to my mind most conclusively, that there can be no true treatment outside of infinitesimals, administered strictly according to the natural law of similars,—*Similia similibus curantur*. I have enunciated what I deem to be the truths upon which homœopathy is based, and have, in my humble way, tried to elucidate them briefly, and if the deductions and analogies are true, then my conclusions are also true, viz., that the principles of homœopathy, as one of the positive sciences, are based in the very origin of all natural things. With these views before us, is it not strange that there should be such wide differences of opinion among us? Look at the cases reported in some of our journals, which show palpable signs of allopathy of no very enviable character; eclecticism, too, steps in with a homœopathic mask upon its tinted face; crude *similia similibus curantur* is also rampant with its cases treated with a dozen remedies; and I am happy to say frequent cases of true homœopathic cures reported without show, for the sake of the truth. Read the journals, or talk with the profession at large, and if you are a stickler for principles, rest assured of it you will find enough to grieve you to the heart for the future of our school. Every imaginable shade and phase of practice will be demonstrated to you, from the crudest

old physic to the purest homœopathy, and yet they all claim to follow the great law of cure as taught by the illustrious Hahnemann.

I feel sure I indulge in no exaggeration when I say that had it been possible for an astute Yankee lawyer to have dropped down among us quietly while in our medical deliberations held in Washington City last May, being ignorant of our acknowledged principles and judging purely from what was then and there so forcibly expressed, he could have formed no other opinion than that we were a party of dissatisfied doctors, out upon the wide ocean of thought, without rudder, steam, sail or compass, seeking something we knew not what; eager to denounce each other by innuendoes or ambiguities not always couched in the kindest language or expressed in the most friendly manner. The tripartite adage was sadly violated and trampled under foot—*In certis unitas; in dubiis libertas; in omnibus charitas*. Homœopaths have had to do so much fighting outside of their own ranks that I am not surprised to see the belligerent spirit among its advocates; but I am not prepared to see our very fundamental principles assailed and fiercely combated. I kindly advise all to become greater students, observe more, and talk less. The present demand is for more knowledge, and this applies particularly to the professors in our colleges. Water never rises above its source, and rarely do students rise above their college teachings. Let the teacher be a perfect exponent of our avowed doctrines and principles, a proficient therein, and rest assured of it our colleges will stand high, and the profession at large will rise in unison with them. I hope the scenes of past years may not be re-enacted, but that a more brotherly and a more compromising spirit may prevail.

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## CALCAREA JODATA.

BY DR. H. GOULLON, JR.

(TRANSLATED BY S. LILIENTHAL, M.D.)

It is a great pity that we have no provings of this remedy, for it is *the* remedy in *pernicious manifestations of scrofulosis*. It gives curative results in :

1. *Chronic hypertrophy of the tonsils*. (Several cases were greatly benefited in our own practice by the steady application of this remedy.—S. L.)

2. Certain forms of *scrofulous ophthalmia*. Its indications are: 1. The children are well nourished, plump, but *pale*. 2. They simultaneously suffer from swelled tonsils. 3. The inflammation is frequently limited to *one* eye. 4. Severe *photophobia* ; a stream of acrid tears flows over the cheeks at every attempt to open the eye ; it is frequently impossible to examine the eye without using force. 5. Severe *spasm of the eyelids*. 6. The *cornea* is attacked, ulcerated, or contains exudations or dirty-white circumscribed deposits. 7. *Fluent coryza* accompanies this ophthalmia, and by its exacerbations causes the improving eyes again to inflame. 8. Such an inflammation is often rebellious to well-selected remedies, as Calc. carb., Hepar, Mercur., Arsen., Acid nitr., Sulph., &c.

3. *Chronic inflammation of the nasal mucous membrane*. The nose has always been the target of the scrofulous dyscrasia. G., a middle-aged teacher, complains of an obstruction of the upper part of the nose, from which he suffered for years. Sometimes the whole nose is thus affected. His voice is constantly veiled. He has the sensation as if something was wedged in his nose. Sudden change from a cold to a warm room or a sojourn in the cold aggravates, whereas after a while warmth relieves. Essentially aggravated is the case by the use of spirits, especially of red wines, which act on him like a poison. Such chronic catarrhs (with totally suppressed secretion) frequently indicate *Kali chromicum* and *bichromicum*<sup>3</sup>. But they relieved only his headache, which was either frontal or unilateral, while the dry coryza remained the same. *Hepar*<sup>3</sup> for a week made the coryza migrate from one place to another. Extraordinary constipation, *Silicea*<sup>30</sup>. After two weeks more, during which he had diarrhoea (such alternate states are habitual to him), he felt somewhat better.



Remarkable intolerance of moisture, Calc. carb.<sup>12</sup>. Being well acquainted with the iodine coryza, we triturated fully one gramme Calc. jod.<sup>3</sup> with three grammes Sach. lac., and ordered as much as would lie on the point of a knife, to be taken once a day for fourteen days. Amelioration followed. The pain radiating from the root of the nose to the eyebrows stopped. When we consider that the returning secretion produced full and relieving sneezing, and that a pleasant sensation of health returned to the affected parts, we may consider the morbid state as a paralysis of functional activity. These are the criteria where we may expect beneficial results from Calc. jod.

4. *Otitis interna*. The catarrh of the external auditory canal is often of a scrofulous nature, especially when combined with chronic sero-purulent discharge, but the chances for the usefulness of this remedy increase when we have to treat a catarrh of the cavum tympani or a periostitis of the middle ear. For according to Rau it is only the latter which produces a loss of the tympanum, and such a loss we always observed in all cases where Calcarea jod. acted well.

A lady suffered from hardness of hearing, bordering on deafness. The tympanum was gone on one side. She suffered from constant noises and a sense of fulness in the head. Her physician saturated her with Iodine in such proportions that it was hard to say which symptoms belonged to the original disease and which to the Iodine. Silicea<sup>30</sup> brought marked, but evanescent results, but Calc. jod. cured her, and she felt especially happy to be delivered of those perverse morbid noises in the head. Usually we witness an aggravation of these merely subjective aural manifestations, by everything that brings more blood to the organ, as the use of wine, beer, coffee, hearty meals, or after stooping, mental affections, after *washing*, change of weather, and conditions similar to those by which chronic affections of the nasal mucous membrane and affections of the eyes are also aggravated.

5. We would finally recommend it for severe pains from inveterate *rheumathritis*. A man, about 40 years old, suffered from stiff knees in consequence of preceding rheumathritis, with severe pains as soon as he went to bed. Our Calc. jod. in the usual doses, removed all the pains. The scrofulous nature of the patient will, in many cases, lead us to the selection of the remedy; for only thus could



we explain its beneficial action in a case of epilepsy, an account of which shall be published at a future time.—*Hirschel's Klinik*, 9, 72.

We are treating now a case of chronic rheumatism of the hands and feet, which has been aggravated by immense doses of iodide of potash, and where the chief complaint is the constant sensation of rushing of waters, especially felt during mastication. *Ledum*, on account of the upward movements of the pains and the aggravation by motion, gives relief.—S. L.

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## AMBRA.

BY DR. J. LEMBKE.

REVILLOUT compares the general action of Ambra with that of Kali brom. Both diminish the excitability of nerve-centres and the reflex action. The effect appears quicker after Ambra, but that of Kali brom. continues longer. Ambra, therefore, is preferable for the removal of severe reflex actions, infantile spasm, puerperal eclampsia. Ambra quiets beautifully the nervous restlessness of pregnancy and thus prevents convulsions; it also retards uterine contractions.

Revillout recommends Ambra in pregnancy, 1. To prevent eclampsia. 2. To diminish too severe labor-pains. 3. In too early labor or threatening abortion.

But Ambra given too frequently and in too large a dose may also produce uterine atony. Ambra given in large doses may generally remove convulsions, from whatever cause, and by diminishing nervousness acts favorably on nervous persons, infants, and young girls.

Here then is another case of involuntary homœopathy. Ambra produces in the healthy, burning in the sexual parts with discharge of a few drops of blood; menses set in a few days too soon; it produces discharge of blood at other times than the catamenia, also fluor albus, and also perhaps ovaritis. It also produces twitchings in muscular parts, spasms, restlessness in the extremities, anguish, restlessness in bed with increased bodily infirmity, anxiety, oppression, nervous weakness with irritability and impa-

tience, twitchings and jerkings in the extremities with coldness of the body and great debility, a state so often found in females and excitable, weakly children, combined with sleeplessness; many dreams, frightened awaking, restless sleep at night, general restlessness, irritability, anxiety, and despair. The recommendation of Revillout is therefore strictly on homœopathic principle. Ambra also causes titillation in the larynx and spasmodic paroxysms of cough, whistling in the chest, and spasmodic short breathing, cardiac anguish, spasmodic palpitation—manifestations so frequently seen in nervous persons. Ambra has certainly been unjustly neglected by many practitioners.—*Hirschel's Klinik*, July, 1872.

### CLINICAL CASES.

BY W. C. GOODNO, M.D.

CASE 1. Mrs. D., æt. 35, was confined six months since with her third child. Previously she suffered from a uterine displacement, for which she was treated with no benefit, but which disappeared with pregnancy. Since her confinement, however, it has returned, there being complete prolapsus with at times partial procidentia.

During six months' treatment I failed to afford any material relief. *Sepia*, *Nux*, *Con.*, *Sul.*, *Kali*, &c., though seemingly indicated, all in turn failed. *Lil. tigr.*<sup>200</sup> (*Tafel*) repeated morning and evening for one week, then s. l. afforded immediate relief, and a cure in two months. Its action was rapid and unmistakable, very decided improvement taking place during the first week. A repetition of the remedy was required once or twice subsequently, the same potency being used.

The following are the symptoms removed by the *Lil. t.*

1. Great distension of the abdomen; looks as if about to be confined (since confinement).
2. Very distressing dull pains in the left ovary.
3. Constant aching in the sacral region extending into the thighs.

4. Yellow, mouldy, blotched appearance of the skin, especially of the face and upper chest.

CASE 2. Miss G., æt. 25. Has always suffered from dysmenorrhœa, the flow being late, scanty, and almost suppressed; at times epistaxis, cough, stitches through the left lung accompanied this condition.

Two years since, after unusual exertion and care, during sickness in the family, she was seized with bearing down pains and other symptoms of displacement. Bry., Sep., Sul., Graph. relieved the dysmenorrhœa to some extent, but the symptoms of displacement continued to increase to such an extent that an examination was made, which resulted in the finding of a prolapsed and anteverted uterus. Governed by the symptoms given below, Conium 1<sup>m</sup> T. was given, relief was prompt, the next menstrual period being the most comfortable she had enjoyed for several years. Each menstrual period has become more natural, and the displacement has entirely disappeared.

1. Bearing down, as though the womb would be forced from the vulva, aggravated when standing and walking, *before and during the menses.*

2. *Intermittent flow of urine*, with cutting after micturition.

3. Obstinate constipation, absence of stools for seven days (long standing); stools large, hard, and followed by *tremulous weakness*; she must lie down.

4. Dull pain below left mamma (one year).

CASE 3. Partial procidentia. Was called in January, 1871, to see Mrs. A., who was confined in November; a meddlesome midwife and too early exercise forced the womb to the vulva; she was in bed, unable to sit up, an attempt to do which causes violent bearing down. There was emaciation, complete loss of appetite, "empty deathly" sensation in epigastrium, feeling of weight in anus, not relieved by stool, clay-like sediment in urine, fever in afternoon.

Sepia 55<sup>m</sup>, a single dose, was all the medicine given;

the fever, urinary and gastric symptoms were soon relieved, followed by complete restoration of the displaced uterus to its normal condition; some three months later another train of uterine symptoms required Rhus, which completely relieved and restored her to better health than for years.

NOTE.—I have recorded during the past two years about twenty cured cases of uterine displacement, varying from the slighter degrees of prolapsus, retroversion, &c., to partial procidentia, all cured by the single remedy and high potency, without the aid of pessaries or mechanical treatment of any character whatever, beyond replacing the uterus in acute cases. In every case where the patient would allow it, the exact position of the womb was ascertained, and the result of treatment made known in the same manner. Surely these twenty cases cannot all be exceptions to the general rule, and although they are few comparatively, they are quite convincing that all cases of uterine displacement can be cured by strictly homœopathic treatment.

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## COMMUNICATION.

(For the *Hahnemannian Monthly*.)

IN the *Hahnemannian Monthly*, vol. 7th, No. 7, p. 341, Dr. N. H. Martin, in speaking of Dr. Dudley's paper on "Homœopathy Misapplied," said: "He believed, and indeed he knew, that there were such cases. He had been called, a few days ago, to a case of fungus hæmatodes in the back, from which violent hemorrhage was taking place, the blood spouting out in several jets. The only thing he had to do was to arrest the flow by mechanical means, which he did. If he had resorted to homœopathy here, he would certainly have misapplied it."

This remark recalled a case in my early practice, more than twenty years ago. I was treating a case of fungus hæmatodes as large as a good-sized peony, on the right mamma, which had had two hemorrhages before, and was again attacked with one in which the blood was



pouring out all over it, as from a sponge, filling the patient's lap with a pool of blood. Five pellets of Lach. 30 were dissolved in half a tumblerful of water, and a tea-spoonful given every ten minutes, at first; and the hemorrhage was completely checked before the time for the third spoonful, less than twenty minutes.

Not only was the hemorrhage stopped for *that time*, but the fungus, under the action of Lach., dissolved, and a flat ulcer, with raised edges, was left, and no hemorrhage ever occurred afterward, although the patient lived nearly two years. At one time the ulcer filled in on one side about an inch, and hopes were entertained of its healing, but a severe cold, which brought on a cough that shook the breast, stopped the progress of the healing process, and getting discouraged, she resorted to quack applications, that soon ended in death. The action of the Lach. was so decided as to produce pathogenetic symptoms, and an eruption of fine rash for several inches around the mamæ, of a scarlet color, and the peculiar chills of Lach., also the constriction of the throat and strangulation. The improvement from the first administration of Lach. lasted nineteen days before a repetition was made, and after each repetition the patient would tell me that I had given her the same remedy that I did during the hemorrhage, although she took blank powders every day, and could not know the difference except by her feelings.

I did not think that homœopathy was misapplied in that case, nor do I now.

I am convinced that the best, the most effectual, and often the quickest method of arresting hemorrhages from all parts of the body, when not caused by mechanical injury (and sometimes then), is to give the homœopathic remedy, which not only removes the hemorrhage, but often the cause, thereby preventing future hemorrhages.

MERCY B. JACKSON, M.D.

681 Tremont Street, Boston.

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## CUNDURANGO.

BY J. PITMAN DINSMORE, M.D.

Sept. 25th, 1871. I commenced taking 1 gr. of 3d trituration of Cundurango three times a day, for five days. On the fifth day, at 10 A.M., I was seized with violent pain

in the left temple, which spread over the upper part of the brain to the right side of the head, feeling as if some one was pulling up the upper part of the skull, with one-half of the brain: very great dizziness on stooping, or turning the head; pain increased up to 6 o'clock, P.M., at which time it abated; after which I visited a patient, and returned to my office. At this time there were objects before my right eye, resembling black serpents, jumping in all directions. On closing the left eye, I found that I could not see; it seemed as though I was looking through a dense fog. At 7.45 P.M. I had my eye examined by two physicians, who could not discover anything wrong. At this time the appearance before the eye was like unto two black horns, with large black balls on the upper ends, and a mound of crystals between them, their tops tapering off, and tipped with black.

Oct. 1st. When I awoke in the morning the obstruction in front of the eye appeared of the shape of a pear, with the large end up. Looking towards the light it appeared red, and on looking from the light it appeared to be purple.

Oct. 2d. Black spots have nearly disappeared; had the appearance of curled hair in front of the right eye, and a blur before the left eye, which caused the letters to run together.

Oct. 3d. I had my eye examined by an oculist, who found the retina very much congested. The ball before the eye continued to diminish in size from day to day until Jan. 1st, 1872, so that I could see tolerably clear; up to which time I was not able to recognize any one in the street with my left eye closed. The drug also produced an aching in the throat, which extended to the stomach, with great burning in the stomach; a feeling of soreness all over the body, like rheumatism, and especially through the left shoulder, and under the left scapula.

Jan. 9th, 1872. Mr. B. called at my office with well-developed chancre. Gave 12 powders of Cundurango 30, to be taken night and morning, and a solution of Cundurango in water, a few drops to be applied locally, night and morning. In six days afterward he called again, and was perfectly well.

Jan. 12th. Mr. C. called at my office, complaining of pain in the left shoulder, and through the left side, with

burning under the left scapula. I gave him Cundurango 30, and in two hours he was entirely free from pain.

Jan. 18th. Mr. D. was in my office, and was attacked with a violent pain in the left temple. I gave him one powder of Cundurango 100, and in less than three minutes he was entirely free from pain.

Jan. 20th. Mrs. C. has been suffering from a sharp, cutting pain in left temple, and through the ball of the left eye, for six hours. She has been subject to it for years. I gave her one powder of Cundurango 100, and cured her in less than two hours. She has not had a return of the pain since.

Jan. 20th. Mrs. S. has cancer of the uterus. She has been taking Cundurango for about four weeks. Her condition has greatly improved. She complains of a blur before the eyes, and a soreness or aching of the flesh all over, with burning in both breasts, under the left scapula, and through the left side, with dizziness of the head. I was not able to test its virtues any farther, as the patient was induced to visit Dr. Darrin, and try the laying on of hands.

Mrs. C. had a desire to try Cundurango for inflammation and swelling of the joints of the hands and fingers. I gave her the 30th dilution, which relieved for a few days, then aggravated; when I gave Sac. lac. for three days. I then gave one powder of the 100, which aggravated the hands very much, and produced a blur before the eyes, violent pain in the same, very bright objects of all colors before the eyes, and a sickish feeling all over, as though she had taken a severe cold, together with a very severe aching in the throat, and soreness of the chest. The medicine has been discontinued for the present.

I think Cundurango has a very powerful effect upon the mucous membranes. It has relieved catarrh in a number of instances; also sore throat, with burning and aching, and a husky feeling, which causes a dry, hacking cough.

Jan. 28th. Mr. B. called upon me, and complained of soreness of the glans penis. I gave him a solution of a few drops of the 100th dilution in water, with which to bathe the parts. He called on the 31st, and complained of a burning in the glans, burning the whole length of the urethra when passing water, a burning in stomach, and all over the body, more severe about the chest through the daytime, with a chilly feeling at night.



ENORMOUS CYSTO-SARCOMA.—REMOVAL  
AND RECOVERY.

BY MALCOLM MACFARLAN, M.D.

MRS. LOUISA ZAHN, aged about 35, living at No. 1135 North Second Street, gave me the following history of her case: About the close of March, 1871, she began to notice that the right side of her abdomen was swelling. The enlargement was hard, round, and could be defined by pressure of the hand. In a short time this became general, and extended over the whole abdomen, gradually increasing to the present time. Until three months since her menses were regular and normal; after that she menstruated every two weeks; and although free at the beginning of one period, the flow did not entirely cease before another period came on. I mention this now, as in the memoranda of two similar cases of mine operated on, the same symptoms were present, but in the record I left them out as unimportant. Attention to them would, doubtless, have assisted in the diagnosis. Only within a few weeks has she been satisfied of or felt some fluctuation on sudden or unexpected movement; percussion did not give the impulse, as would be the case had water existed in a small sac in any quantity in the abdomen proper. She was disposed to profuse, watery, exhaustive stools; great oppression, and difficulty of breathing; belching, and passing wind; burning, shooting pain in the abdomen; appetite good all the time, hungry even after meals; neither thirst nor fever; urine scanty and dark-brown, and frequently passed; weak and much emaciated. The patient called my attention to something just below the umbilicus, like a child's elbow, freely movable, and indistinctly to the right what was thought to be the body of a child. The woman stated to me, over and over again, that she had felt movement at one time in the tumor, and had made similar statements to her other medical attendants; most of whom were misled thereby, and believed



she was carrying a child. Her case, earlier, must have been a singular and interesting one, as she gave me a list of eleven well-known physicians, of this city, who had examined and treated her, two of whom only gave what proved to be a correct diagnosis, which became easy as the case progressed, and the irregular or alternate hard and soft character of the mass could be distinctly made out by pressure against the thin walls of the abdomen.

On my second visit, and assisted by Drs. Geo. H. Clark and J. A. Bullard, I chloroformed the patient, made an incision, twelve inches long, in the median line of the abdomen, and exposing the cyst walls on either side, passed a stout double ligature through the growth, and drew on it so as to bring it partly through the opening. The cysts were cut as they appeared, allowing none of the fluid contents to escape into the abdomen. The adhesions to the sides of the abdomen, omentum, and viscera, were torn away or enucleated with the fingers, to prevent bleeding. The mass, when made free, and sufficiently emptied, was crowded out of the abdomen, held up, and the long clamp applied to the narrow portion of the pedicle or broad ligament, where it appeared free from anything pertaining to the tumor, which was cut away from above. The interior of the abdomen was cleansed by sponges wrung out of warm water, and hemorrhage from points where adhesions were broken secured by torsion and usual means. Waiting a considerable time to allow for checking slight hemorrhage at lacerated points, sutures were passed through the sides of the abdomen under the clamp (avoiding vessels), and through the pedicle, closing the abdomen, but leaving an opening at the inferior portion of the wound for drainage, or washing out the abdomen, if necessary. Picked lint, moistened, enveloped the wound, and a circular bandage completed the dressing. I confided the after-treatment to Dr. G. H. Clark, who gave the woman principally arsenic. Those who have seen or had such cases die from peritonitis, septicæmia accompanied with vomit-

ing, diarrhœa, prostration, and symptoms which strongly indicate this medicine, will know why it was given beforehand.

The tumor was a cysto-sarcoma. Its varied fluid or semi-fluid constituents measured, before Drs. Clark, Ballard, myself, and attendants, twenty-three quarts, weighing a little over forty-four pounds; there was a considerable quantity not taken into account, which escaped in the bedclothing. In addition to this the solid mass of emptied cysts, and fleshy or sarcomatous substance, weighed twelve pounds, making in all a growth weighing over fifty-six pounds. Menstruation came on in a few hours after the operation, and continued for some days. The patient was kept perfectly quiet, with a diet principally of chicken water, and notwithstanding the excessively hot weather, did well, and complained of nothing but weakness. July 8th, or seven days after the operation, I removed the clamp, kept her in bed awhile longer, and gave her a more generous diet. She is now, August 5th, able to move about the room, the wound is entirely healed, and the woman's general health is improving rapidly.

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For the Hahnemannian Monthly.

### BOILS; THEIR LOCATION, Etc.

COMPILED BY DRS. CHAS. HEERMANN AND E. C. PRICE.

(Concluded from Vol. VII, page 510.)

*Boil, abdomen, on the, above the genital organs, becomes dark blue.* zinc-ox.

— — — *pubis.* apis. copaivæ.

— — — *perineum.* ant-crud.

— — — *anus, at.* carb-an.

— — — *shoulders, on.* amm-carb. bell. nitr-ac. nux-jugl. phos-ac.

— — — *shoulder, left, small boil on the.* amm-carb. bell.

— — — *right.* kali-nit. phos-ac.

— — — *arms, on the.* amm-carb. calc-carb. carb-an. carb-veg. lyc. magn-mur. mez. nitr. petr. phos-ac. nux-jugl. sil. zinc.

*Boil, arms, small on the.* graph.

— — — — — *four or five large, one below the elbow, on the outer side of arm, blighted by six doses of bell., taken three times a day.* (E. C. Price.)

— — — — — *right biceps, on the.* nux-jugl.

— — — — — *upper, on the.* carb-veg. nux-jugl. zinc.

— — — — — *right, posterior surface of.* iodum.

— — — — — *left.* zinc.

— — — — — *arm, left, on the.* mez.

— — — — — *many boils on the, also large ones.* sil.

— — — — — *syphilitic.* iris-versic.

— — — — — *forearm, on the.* CALC. lyc. magn-mur. petr.

— — — — — *hands, on the.* CALC. iris-versic. lach. LYC. led.

— — — — — *hand, back of left, on the.* calc-carb.

— — — — — *small and immature, with erysipelatous inflammation on entire back of.* rhus-rad.

— — — — — *fingers, on the.* calc. lach. sil.

— — — — — *finger, middle, left hand.* iris-versic.

— — — — — *finger-joints.* calc-carb.

— — — — — *finger, back of ring.* calc-carb.

— — — — — *thumb, on the.* NITR.

— — — — — *lower part of, on the.* kali-nit.

— — — — — *hip.* nux-jugl.

— — — — — *right.* alum. amm-carb. nitr-ac.

— — — — — *thighs, on the.* alum. aur-mur. calc-carb. clem. COCC.

HYOS. IGN. lach. LYC. magn-carb. nitr-ac. NUX-V.

PETR. phos. phos-ac. SEP. SIL.

— — — — — *inner, on the.* ign. coce.

— — — — — *posterior surface.* sil.

— — — — — *above knee.* lyc.

— — — — — *on the, with stinging pains.* nux-vom.

— — — — — *hams.* sep.

— — — — — *knees, on the.* NATR-M. NUX-V.

— — — — — *legs, on the.* calc. MAGN-C. nitr-ac. petr.

— — — — — *calves.* SIL.

— — — — — *metatarsus.* merc.

— — — — — *feet, on the.* calc. led. sil. STRAM.

— — — — — *foot, sole of the right.* ratauhia.

— — — — — *heel, on the.* calc.

*Groups of boils, but whether they occur on those parts at the same time, or at different times is not stated.*

*Small boils on the forehead, neck, chest, and especially the thighs.* magn-carb.

Small boils on the nape of the neck, chest, and thighs.  
*phos.*

Large boils on the thighs, chest, and forehead. *phos.*

Small boils and indurations emitting water and blood,  
at the cheek, at the corners of the mouth, and on  
the chin. *amm-carb.*

Boils on the cheek and around the ear. *amm-carb.*

Boils on the forearm, on the upper part of the head,  
on the false ribs, and on the forearm. *magn-mur.*

Jahr, in his "Forty Years' Practice," says: "For simple boils, the best remedy is *Arn.*, in watery solution, a teaspoonful every three hours. If dispersion is no longer possible, this proceeding will soon bring them to a head, after which if suppuration has once set in, *Sulph.* will speedily bring about the expulsion of the core and the healing of the sore." . . . If the cavity does not close he gives *Sil.* (I have found *Bell.* more effectual than *Arn.*—E. C. P.)

Hughes says, if you catch a boil in the stage of inflammatory engorgement, before matter is formed, it may almost always be blighted by repeated doses of the 1st dilution of *Bell.*\* And if boils, like sorrows,

"Come, not single spies,  
But in battalions,"

if they recur again and again, the constitutional tendency may, with equal frequency, be checked by a course of *Sulphur*.

## TWO INTERESTING CASES—NOTES FOR THE PROFESSION.

BY PROSPER BENDER, M.D.

SIR: I transmit you a description of a couple of cases which may be found interesting to your medical readers.

The first is that of a Mrs. G., æt. 54; she is of fair complexion, of leucophlegmatic temperament, and rather fleshy; passed the climacteric four years ago. She en-

\* Dr. Madden informs Dr. Hughes that even later still its progress may be arrested by *Silicia*, 3d trituration.



joyed good health till eight years ago, since which has been subject to *nervous periodical headaches* coming at the same hour and day every week, and lasting forty-eight hours. They disappear at a moment corresponding with their advent—11 A.M. Their coming is preceded by a sense of vacuity in the stomach and chest, stiffness of the nuchæ and muscles (trapezius) on each side of this ligament. At the end of twelve hours from the attack, the pain extends to the vertex and remains there several hours, being of a compressive and burning character. After some time they continue their course towards the sinciput and eyes, the latter feeling hot and heavy. Nausea and salivation ensue, but without vomiting, and last till the attack ceases. The vomiting of phlegm of former times has discontinued. The first night of the attack she cannot sleep, though with eyes closed perceives figures and objects moving about. In the acute stage she cannot lie down, but must with closed eyes remain in a dark room. Sleeplessness, profuse diuresis of pale urine, melancholia, and much sighing succeed each attack. The physical organs appear healthy and the functions regular, her health being otherwise good. The allopathic physicians consulted have not benefited her. They have given her Quinine, Iron, Arsenic, &c., the latter but aggravating her headache greatly. I administered *Ignatia* 200. Two weeks after she reported no return of the cephalalgia, although there were threatening symptoms. This patient's admiration of homœopathy from that moment was natural. Nearly five weeks have since passed without any indication of a recurrence of the attack, which induces me to believe in a cure. Flint says that periodical headaches are one of the "opprobria of medical art." What would he say of homœopathy if the above were to fall under his eye?

The second case is one of epilepsy. I. B. P., æt. 40, nervo-bilious temperament. Enjoyed good health, although slightly dyspeptic till eight years ago when, shortly

after a mental shock occasioned by his child being badly maimed, he was rendered anxious, nervous, and fretful. A few weeks later, early one morning his wife heard him shout and found him in bed unconscious, frothing at the mouth, head drawn to one side and slightly to the back, and limbs working convulsively. A few more such attacks followed, but after some allopathic treatment the fits ceased, to return eighteen months later, as a result of a similar provoking cause. Since, they have continued at various intervals of between one and six weeks, and generally after some unpleasant news or event. The attacks are of two kinds—the *true epileptic* and the *epileptoid*; the first last nearly five minutes and are of a similar type to the first, occurring oftener during sleep, accompanied with involuntary urination, defecation, convulsive masticatory movements, biting of the tongue and grinding of the teeth. They are preceded by an *aura epileptica*, “a queer feeling gradually ascending from the stomach to the head,” pruritus of the nose and anus; backache in the morning, disappearing upon getting up; grinding of the teeth both awake and asleep; twitchings of the muscles of the face; nictation; much irritability and excitability; hands closed as if grasping something. After the attacks, deep sleep and oblivion of the past; headache; weight in the stomach; soreness of the whole body, and fancies he hears imaginary voices addressing him (probably alcoholic consequences), and will often allude to very old events and persons he has not seen for a long time.\* Pork, fats, meats, and onions, all cause, and particularly the last, pain, uneasiness, fulness and soreness of the stomach, belching up of much wind, retasting of the food partaken, general fatigue and malaise, sleeplessness, &c. For relief he tried

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\* The *epileptoid* attacks generally happen when the patient is sitting in a chair—all at once he is noticed looking fixedly at an object or person with blank expression of face; buccinator muscles performing the act of mastication; body rigid; gurgling noises in the chest, &c. These attacks are transient and without loss, or partially so, of consciousness.

gin and ale freely, but with only temporary benefit. Bowels regular generally, although a little freer before an attack. Much of the above facts was obtained from his wife, his memory being defective, and manner shy and awkward. I prescribed one dose of *Nux vom.* 200, and a vial of blank pellets, stopping the stimulants promptly; and also ordered bread and milk for breakfast and supper, and steak or roast beef for dinner. I requested the wife to examine the stools carefully and report any unusual appearances.

I suspected vermicular trouble, but I thought it better to begin with *Nux vom.* 200, as an antidote to the stimulants and to "clear up the case." Writing to Dr. Terry, of New York, on other matters, I consulted him in this case, knowing the value of such a course of old. He also suspected worms, and suggested an appropriate medicine, advising as a rule, however, "never to change a prescription as long as it appeared even slightly beneficial." Ten days later the patient's wife reported a decided improvement in his general condition: sleep and digestion showed improvement; there being no attacks. She had noticed something very strange in one of the excretæ of the patient, and appeared sure it resembled a woodcut illustration of a tape-worm I showed her. I continued the blank pellets. A couple of weeks later he again complained of indigestion, want of sleep, and that he had some symptoms of another attack of epilepsy. I was about giving him *Cale. carb.*, when Dr. Terry's advice recurred to me, and I again administered *Nux v.* The subsequent reports sustained this advice, my patient appearing much better and cheerful. A few more doses completed what I think I may call a cure; for he has been doing remarkably well, memory almost quite returned, spirits buoyant, and no premonition of the old complaint. He has had no attack for nearly five months, and frequent examinations have revealed no sign of the parasite.

It might not be amiss here to inquire what was the



cause of this peculiar form of the disease—was it emotional excitement, dyspepsia or entozoa? The first attack and many of the subsequent followed a fright or some other mental shock. Not a few of the symptoms pointed to *lumbrici*, and an examination of the feces revealed something like *tania*. The treatment effective tends towards the theory of a dyspeptic origin for the disease. There was no appearance of a hereditary taint in this patient. Now, can any confrère show satisfactorily which was the actual cause of the malady and condition of the system favoring its outbreak or development? As to the cure, I assume no credit to myself, having availed myself of a hint received from my clever and obliging confrère, Dr. Terry. I think, however, that neither my patient nor my own sense of duty suffered from my disposition to seek light wherever it can be found, and leave no stone unturned to unravel the mystery of any case that may be intrusted to my charge. The result in this case is one which has given me unfeigned satisfaction.

I have thought the above particulars, which I fear may appear to you rather lengthy, might present some features of interest to the profession. It is only a wide range of experience, including diseases of every type, symptoms of every variety, and the exercise of every degree of medical skill, which can furnish light upon questions of great moment in medical science for the instruction and guidance of the profession and the benefit of suffering humanity. Nothing should be done in a corner; our mission is too sacred for the concealment of either its mysteries or its successes, and every step in knowledge gained, as well as every difficult disease subjugated, constitutes a species of public property which no lover of medicine or no philanthropist would desire for a moment to monopolize or conceal.

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## PUBLICATIONS RECEIVED.

THE HOMŒOPATHIC MEDICAL DIRECTORY OF GREAT BRITAIN AND IRELAND, &c., 1872. London: Henry Turner & Co.

This valuable annual, edited by Herbert Nankivell, M.D., of Bournemouth, England, comes to us replete with valuable information. It contains a variety of information that, while very interesting, is of practical value to Her Majesty's subjects alone; but the part of general interest is the "*Annual Abstract of British and American Homœopathic Serial Literature.*" In this we find extracts from the homœopathic periodicals, arranged under the following headings, viz.: "Abstract of Scientific Articles of the Homœopathic Practice of Medicine for 1871;" "Clinical Abstracts for 1871;" "Abstract of Articles on the General Progress of Homœopathy for 1870-71;" "Clinical Index for Abstracts for 1866-71." In this department Dr. Nankivell has done his work well, and deserves the thanks of his medical brethren. Notwithstanding the fact that, as the editor tells us, only two-thirds of the American serials for the year 1871 were laid under contribution, and the numbers of these magazines for the last part of the year were not obtained in time to be used, the abstracts from this source are of a character and quantity highly creditable to American homœopathic literature, and equally creditable to the judgment and fairness of the talented editor. Doubtless the list of homœopathic physicians in Great Britain and Ireland is correct, and possibly that of France, Spain, and other European countries; but the list of physicians in the United States is incorrect, although copied from a list made up in this country. One would think in looking over this American list that our homœopathic physicians were like office-holders in this, that "few die and none resign;" but they *do* die sometimes, and yet their memories are perpetuated in these "Directories." The getting up of medical "Directories" in this country is very hard work, and seems to consist mainly in the perpetuation of old errors and the commission of new ones. This book is handsomely printed, and speaks well for the progress of homœopathy in Great Britain. As an annual record of homœopathic literature, however, it is by no means the equal of Raue's annual volume.

HAHNEMANN HOSPITAL REPORTS. Edited by F. W. Hunt, M.D., and F. Seeger, M.D. Volume I.

We are indebted to Dr. Seeger for a copy of this handsome publication. It contains a photographic view of the Hahnemann Hospital *in esse*, and a number of valuable papers. Among these latter may be mentioned: General Considerations in the Treatment of Fractures, by Prof. Helmuth; and a report of a case of cysto-sarcoma, with plate, by the same author; Contributions to Practical Laryngoscopy, by Dr. Seeger; Characteristics for the Selection of the Remedy in Diarrhœa, by Dr. Lilienthal; An account of Stow's Uterine Elevator; A New Eye Speculum by Liebold, &c., &c. It is handsomely printed, and presents altogether a very creditable appearance. On sale by Boericke & Tafel.

OVARIAN AND WOMB DISEASES; THEIR CAUSES, DIAGNOSIS, AND CURE. By John Epps, M.D., &c. London: James Epps & Co. Pp. 132.

This work, published posthumously, gives evidence of having been written by an acute thinker and a practical man. The late Dr. Epps stood deservedly high in the community in which he practiced, and this work may be regarded as the embodiment of observation and thoughtfulness conducted through a long period of practical experience. Its

principal feature is contained in the author's views in regard to the sympathy existing between the ovaries and the mammae in the diseased conditions of the first named organs. We can best exhibit this by quoting briefly from the text. The author says, page 69:

"If the breasts are painful at the monthly period, it is certain that the ovaries cannot be in a perfectly healthy state; and as ovaries, unhealthy in early life, are, when the *relieving* and *unloading* process, *i. e.*, the *monthly discharge*, ultimately ceases, likely to have the diseased state actively developed in them, this painful state of the breasts at the occurrence of the monthly discharge in early life ought always to be attended to."

Again, on page 79, he is still more explicit:

"The nipple is, according to my view, the special indication of disease in the ovary. The facts hereafter to be quoted will prove or render strongly probable that the special indication derivable from the nipple is that from ovarian disease the nipple is drawn in, and what is still more specific, is so drawn in the breast on that side in which the ovary is affected by disease."

A large number of cases are adduced by the author to substantiate his position, a position which, we have no doubt, will be corroborated by a large majority of observant medical men. The book abounds with practical hints, and is illustrated. On sale by Boericke & Tafel.

THE SCIENCE AND ART OF SURGERY ADAPTED TO HOMŒOPATHIC THERAPEUTICS. By E. C. Franklin, M.D., &c., &c. Vol. II, Part First. St. Louis: 1872.

The first volume of Franklin's Surgery has been sufficiently long before the profession to make all acquainted with its merits. The author in this part of Vol. II continues the work in the same pleasant and instructive style, treating of Injuries and Diseases of the Joints; Affections of Muscles, Tendons, and Bursæ; Injuries of the Head, Scalp, Spine, Face, Neck, and Pelvis; and partially of Aneurism. The adaptation to homœopathic therapeutics, we must confess, is, in our opinion, not so well done as might be expected, the indications for the use of remedies being usually given in "glittering generalities," and not with that precision which renders homœopathic treatment of so much value. Perhaps we are expecting too much, however, as *homœopathic* surgery may be said to be yet in its infancy. The work is illustrated with numerous cuts.

It is a pity that a work so valuable should be put forth in so poor a style. Readers have a right to demand good paper and good printing, and attention to all the minutiae which go to make up the excellencies of the typographic art. In these particulars Franklin's Surgery is wanting.

THE LAKESIDE MONTHLY. Chicago.

This excellent magazine, now in its seventh volume, looks as fresh and as fair as though Mrs. O'Leary's wonderful cow and her belongings had never been. In the May number, Professor R. Ludlam, of Chicago, has an excellent popular article on *Hysterics*. Ready and elegant writers like Ludlam are an ornament to the medical profession, and their ventures into general literature should be more frequent.

#### GLEANINGS FROM EXCHANGES.

DR. GRIEVE, of the Hampstead Small-pox Hospital, has put the curative power of vaccine lymph to the test in the way recommended by Mr. Furley, viz.: by injecting large quantities under the skin (see "Glean-

ings" in the August number, *Hahnemannian Monthly*). Seven cases were treated in this manner. The results were not at all satisfactory. Two men suffered severely from the local effects of the hypodermic injection of lymph, and the treatment employed did not produce the least ameliorating effect on the disease in any of the cases. One of them, in fact, died of malignant small-pox.—*Monthly Homœopathic Review*, August.

Two cases of *psoriasis*, and one of *lepra vulgaris*, cured by iris versicolor, are reported by E. W. Alabone, M. R. C. S. E., in the *Homœopathic World*, for July. Dr. Ruddock, in the same journal (August), reports the cure of a bad case of *eczema rubrum*, by *Croton tiglium*, in the course of three months. Previously "the disease had been variously, and almost continuously treated for two years, but without any perceptible results."

In cases of *epistaxis*, when cold, solution of tannic acid, alum, &c. (and, we may add, homœopathic medication), have failed, Dr. Roland G. Curtin recommends that a piece of old linen, wrapped like a lamp-lighter, smeared with soft lard, and coated with dry tannic acid, be inserted into the nostril. He has tried it repeatedly with uniform success. "This plan presents the advantages of being always practicable, and of bringing the powder directly in contact with the mucous membrane without danger of wounding it, or of breaking down the delicate turbinated bones."—*Philadelphia Medical Times*.

MR. H. MARKHAM, of Port Jefferson, New York, sends the following note to the *Scientific American*: "I send you a prescription which, I am satisfied from ten years' experience, is the very best remedy for *ivy poisoning*. It is simply to bathe the parts affected freely with spirit of nitre. If the blisters be broken, so as to allow the nitre to penetrate the cuticle, more than a single application is rarely necessary, and even where it is only applied to the surface of the skin three or four times during the day, there is rarely a trace of the poison left next morning." (?) —*Virginia Clinical Record*.

DR. WILKS, of London, in a paper in the *British Medical Journal*, recommends "Guarana" prepared from the seeds of *Paullinia sorbilis*, a tree of Brazil, for sick headache. This is another "rediscovery of the screw," by our old-school contemporaries. The *British Journal of Homœopathy* (July), refers to the fact that Dr. Clotar Muller, in a paper on "Migraine," published in vol. xxi of that journal, referred to *Paullinia*. So also Trinks, in a paper on Migraine, in the same volume. "Thus it will be seen that Dr. Wilks is only nine years behind us on the present occasion, and probably we shall not have to wait long before he favors us with other similar discoveries."

DR. HERBERT NANKIVELL, in a valuable paper on Arsenic in Phthisis, sums up as follows: "In conclusion, I would say that we have reason to expect good from an arsenical course on *primâ facie* grounds, in broncho-phthisis, pneumonic phthisis, and hemorrhagic phthisis, and in all



the stages of these diseases, provided that there are no special symptoms indicating the necessity for other medicines; and we shall naturally enough find the first stage more amenable to the treatment than the second, and the second than the third. The more especial indications would be the history or the pretty continuous presence of bronchitis, or of asthma; cough, especially on lying down at night, and also between 3 and 5 A.M., with a certain amount of orthopnea at those times. Hæmoptysis is by no means a contraindication, neither is the presence of laryngeal irritation, though in both these cases the smaller doses should be first administered. There is an irritability of the bowels which is benefited by *Arsenic* in the earlier stages of phthisis, but in the stage of ulceration it does no good, even if it does not effect positive harm. The character of the pyrexia should also be taken into account. If the morning temperature is considerably above the average, I should look on the fever as indicative of some special inflammatory process of a more or less temporary character going on, and this should first be diminished by the judicious use of *Acon.*, *Bry.*, or *Phos.*, as the case may be, but if the pyrexia depends on irritation, the evening temperature alone rising much above the normal limit, *Arsenic* may be exhibited at once."—*British Journal of Homœopathy*, July.

DR. WARNER considers that *Tænia* in its relations to *Gynæcology* is an important subject. He once had charge of a patient concerning whose case there had been much doubt, and who had been said to habitually "act like the devil." A good deal of uterine trouble had previously been found to exist, but this had been all. She was constantly complaining of her back and limbs, and used to keep her husband up night after night rubbing them. One night she sent for Dr. Warner in great haste to show him two or three joints of *tænia*, that she said, "had just come out of her womb." Under appropriate treatment he obtained from this patient, at different times, no less than five large *tænia*, after which the patient's nervous system was quieted down, and she became an exemplary and happy wife. Dr. Weston was of the opinion that in chorea, much oftener than was generally supposed, tapeworms were the exciting cause.—*Gynæcological Journal*, July.

DR. W. H. BIGLER, after giving *Aethusa cynapium*, 3d decimal dilution, to a lady, æt. 35, observed the following symptoms, which he is disposed to attribute to the medicine, and which he offers for confirmation or rejection: Imagined she saw rats run across the room. Distressing pain in occiput and nape of the neck, extending down the spine; relieved by friction with hot whisky; coldness of the abdomen, objective and subjective, with aching pain in bowels (relieved by warm wet applications), accompanied by coldness of the lower extremities, particularly the left; most obstinate constipation, with feeling as if all action of the bowels had been lost; numbness of the arms; painful aching about the left scapula, sometimes extending into the left arm; sensation as if the arms had become much shorter. During one day appearance and disappear-



ance of reddish-blue spots on the trunk and left leg. A feeling as if the pain in the back would be ameliorated by straightening out, and bending stiffly backwards. Attempt to relieve the pain in the scapula and arm by rigid expansion, and closing the fist as in a tonic spasm. Aggravation of all symptoms towards evening and during the night, until about 3 to 4 A.M.—*American Journal of Homœopathic Materia Medica*, August.

DR. CLOTAR MÜLLER says of *Cundurango in Cancer*, that good results may be expected from its use in open cancer (and in no other form), and cites three cases in proof of his statement.—*Internat. Homœopathische Presse*, June.

IN several patients who took emulsions of turpentine, the urine showed saccharine reaction, which ceased the day after the remedy was stopped. Balsam copaiba or cubebs do not give a saccharine reaction.—*North American Journal of Homœopathy*, August.

KAFKA recommends Aconite in the beginning of all infectious diseases which set in with vomiting, severe fever, and quick pulse, even if collapse occurs, for as soon as sweating is produced, the disease will run a milder course; should this fail, we may expect a severe case and a tedious course.—*North American Journal of Homœopathy*, August.

DR. MAYLANDER writes that nearly all cases of incarcerated inguinal hernia may be reduced without energetic taxis, by the exhibition of Bell. 2-3 and Nux 3-6, a dose alternately every quarter of an hour, and should this fail after six or eight hours, the operation for its relief should at once be resorted to, for it is certain in such cases that there exists anatomical or pathological disproportions between the contents of the hernia, the hernial sac, and the abdominal opening. In incarcerated femoral hernia, the question of operating is much more urgent.—*Internat. Homœopathische Presse*.

## WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY WALLACE McGEORGE, M.D., SECRETARY.

THE Third Annual Meeting of the West Jersey Homœopathic Medical Society was held at the West Jersey Hotel, Camden, on Wednesday, May 15, at 11 A.M., the President, Walter Ward, M.D., in the chair.

Present: Drs. Hunt, Ward, Shreve, Pfeiffer, Kirkpatrick, David E. Gardiner, R. Gardiner, Jr., Iszard, Phillips, Austen, Andrews, Tuller, and McGeorge. Dr. William H. Crow, of Bordentown, was also present.

The minutes of the previous meeting were read and approved.

William H. Crow, M.D., a graduate of the Hahnemann Medical College of Philadelphia, was proposed for membership, reported on favorably, and unanimously elected a member.

Report was made to the effect that the State Society, at its annual meeting, had granted a license to this Society as an auxiliary body.

The committee appointed at the last meeting to urge the adoption of a fee bill by the State Society reported that under the license granted us by the State Society, this Society had power within itself to adopt a legal fee bill. Whereupon the fee bill presented at the last meeting was read and adopted.

The reports of the Secretary and Treasurer were then read and accepted, showing the Society to be in a prosperous condition.

The following officers were elected for the ensuing year: Alexander Kirkpatrick, M.D., of Burlington, President; David E. Gardiner, M.D., of Bordentown, Vice-President; H. F. Hunt, M.D., of Camden, Corresponding Secretary; Wallace McGeorge, M.D., of Woodbury, Recording Secretary; Jacob G. Street, M.D., of Bridgeton, Treasurer; H. F. Hunt, M.D., J. H. Austen, M.D., Richard Gardiner, Jr., M.D., Board of Censors.

E. H. Phillips, M.D., of Cape May, was elected delegate, and Richard Gardiner, Jr., M.D., alternate, to attend the American Institute of Homœopathy.

The President elect then appointed the members to fill the various bureaus, as follows:

*Bureau of Obstetrics.*—Drs. H. F. Hunt, J. G. Street, and E. H. Phillips.

*Bureau of Practice.*—Drs. Walter Ward, R. M. Wilkinson, and P. W. Andrews.

*Bureau of Surgery.*—Doctors J. H. Austen, D. E. Gardiner, and R. Gardiner, Jr.

*Bureau of Materia Medica.*—Drs. Wallace McGeorge, Pusey Wilson, and Jacob Iszard.

The Annual Address was then delivered by the retiring President, Walter Ward, M.D. Upon motion a vote of thanks was tendered to Dr. Ward for his address.

Dr. Hunt read a long and carefully written paper on the application of forceps in obstetrical cases.

Dr. McGeorge appreciated the paper, but differed with the writer in the expediency of leaving the forceps untied.

Dr. Hunt explained his reasons, which were similar to those given in his paper.

Dr. McGeorge referred to certain physicians whose experience, both in tying and leaving untied, was in favor of tying them, principally because when tied there was much less danger of scarifying or lacerating the head of the child.

Dr. Hunt said he had never seen laceration follow from not tying the forceps.

Dr. Kirkpatrick never saw the necessity of tying them. His impression was, by tying them, the child's head certainly was compressed. In eighteen years' practice had only used the forceps three times. Thinks they are often used when they need not be. The cases mentioned in Dr.

Hunt's paper certainly required forceps. In many cases more patience would often obviate their use.

Dr. Pfeiffer said forceps ought never to be used when not necessary. In forty years' practice had used them on an average twice a year. In using forceps, laceration sometimes takes place, and sometimes when they are not used.

Dr. Phillips related a case where, after twenty-four hours of labor, during twelve hours of which natural labor pains were present, but not sufficient to expel the child, he relieved the woman and delivered the child in less than five minutes after the forceps were applied, and saved both mother and child.

Dr. David E. Gardiner has used forceps so often, always carries them with him when he goes to a case, so as not to let the woman suffer unnecessarily. Never hesitates to use forceps in any case rather than let the woman suffer unnecessarily five or six hours. Never waits over two hours after the head has descended into the inferior strait.

Dr. Hunt said he had never employed the forceps in one labor, but when the woman in subsequent labors desired their application again in order to relieve her from suffering. When applied carefully they always do great good. Always applies forceps after the head has been in the inferior strait two hours.

On motion, Dr. Hunt was given a vote of thanks for his paper.

Dr. Austen, Chairman of the Bureau of Surgery, recommended *Senecio* as an excellent remedy to stop hemorrhages. Uses either the tincture or fluid extract.

On motion the Society then adjourned till August 21, 1872.

## HOMEOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE, AND MONTGOMERY COUNTIES, PENNA.

REPORTED BY TRIMBLE PRATT, M.D., SECRETARY.

THE Society met April 10th, at the office of Dr. R. P. Mercer, at Chester, the attendance being good.

Under communications and reports of cases the following were submitted:

Dr. M. Preston, a case of *cancer* of left breast, with ulceration and considerable swelling, being attended with pain of a sharp, stitching character, going through to the back. The remedy given in this case (*Asterias rubens*) effected a very satisfactory cure.

Dr. C. Preston spoke of having treated a case similar to the above, which had been in existence a year, the *pain* in this though possessed more of a *burning* character. *Conium maculatum* was used in this case, which effected a speedy cure. He also spoke of another and similar case cured with the same remedy.

Dr. M. Preston related a case of fungous growth involving the stump

of an arm after amputation for the relief of cancer. *Silicea* effected a cure in this case.

Dr. W. M. Williamson stated that, in his experience, for enlargement of large glands with heaviness, as if pus was forming, with burning pains, the *Arsenic iod.* was very useful; and in buboes he had found it very beneficial.

Dr. J. C. Morgan spoke of having cured a case of cancer in connection with tænia by the use of *Sepia* and *Hepar s. c.* He had also found *Hydrastis can.* very useful in one case. In this connection Dr. M. spoke of disinfectants, stating that he by preference uses *Glycerin*, or finely granulated white sugar; these, in his opinion, being homœopathic to the cases in which they are useful, and at the same time possessing no injurious qualities or antidoting in any way the effect of medicine given internally.

Dr. W. M. Williamson uses as an external application in open ulcers (varicose) one part of the powdered root of *Hydrastis* to five of simple cerate with good effect.

Dr. Smedley related a case in which the stomach was the seat of numerous cancerous formations, which was relieved by *Ars.* and *Hydrastis*.

Dr. J. B. Wood presented some statistics, the observations of Dr. Bardel, proving (from his experience) that cancer and tuberculosis were identical, from the fact that children of parents afflicted with cancer were of tubercular tendency. From his own experience, in connection with the above, Dr. Wood is of this opinion.

Dr. Morgan differs with the above statements (at least so far as scirrhus is concerned), averring that in this there is a hyperplastic condition of the blood, while in tuberculosis there exists an aplastic condition of the same; the cells in the former case being heterologous, while in the latter they are homologous.

Dr. C. Preston concurs with Dr. M. in the belief that they are entirely different, from his experience and observations.

Dr. J. G. Howard read an article, which he had translated from the French, entitled

*A Case of Poisoning attributed to a Decoction of Urtica Marina (Sea Nettle).*

Dr. Friard made the following report to the Royal Academy of Medicine, Paris.

A woman, 38 years old, the mother of twelve children, affected with a disease of the stomach and leucorrhœa, took, by the advice of a somnambulist, two cupfuls of a decoction of *Urtica Marina* warm. She experienced shortly after the following symptoms: Pricking heat, numbness and burning of the skin of the face, arms, shoulders, and breasts; her eyes became puffed and œdematous, also the lips, nose, and ears; vesicular eruption of the skin. These symptoms increased, and her speech became difficult, with extreme anxiety. On the fifth day the most of the symptoms disappeared, and desquamation took place.



Two remarkable circumstances in this case occurred.

1st. That the secretion of urine, which had been suspended during twelve days, returned after having taken some powerful diuretics.

2d. The secretion of milk was re-established in this woman's breasts three years after the birth of her last child, although she had had twelve children without having suckled any of her children, no milk having been secreted.

Dr. J. B. Wood read the following article on

*Small-pox.*

This disease is a contagious fever, characterized by a pustular eruption with a depressed centre. The era assigned for its first appearance is as early as the sixth century; the raising of the siege of Mecca by an Abyssinian army is attributed to this disease.

Measles and scarlet fever were confounded with small-pox, and this error prevailed until the time of Sydenham.

The period of incubation is about fourteen days, and it may be a longer or shorter period.

The disease is announced by chills, followed by fever and pain in the back and loins (though the last is not an invariable symptom), with nausea and vomiting, and in children is usually ushered in by convulsions. The subsequent course of the disease is so familiar to every one that a further description of it is unnecessary here.

I now wish to call your attention to a case of *small-pox* I have recently been treating. The patient commenced complaining December 23d, Saturday; on the following Tuesday, the 26th, I was called to see her, and although she had headache and chilliness there was not the characteristic backache of variola; on Wednesday morning, the 27th, an eruption appeared on the forehead, purple, reminding one of measles; in the evening of the same day the eruption assumed the characteristic form of small-pox; and on the following day, the 28th, the face was covered over with at least three hundred well-defined pocks or pustules, which also appeared all over the body, the face and hands having the greatest number; on the 28th and 29th there was considerable oppression and palpitation in the chest, and some delirium, with but little sleep. I now wish to call your attention, and the attention of the profession, to the treatment. When called upon, on the 23d, I prescribed for the chilliness and headache *Aconite*<sup>1</sup>; on the following Tuesday, the 26th, for oppression *Bryonia*<sup>2</sup> was given; on Wednesday, the 27th, when the eruption on the forehead made its appearance, *Sulphate of zinc* one grain, and the same amount of *Digitalis*, each in half a tumbler of water, and given in teaspoonful doses alternately for that day and the following, every hour; on the 29th, for the delirium and oppression, *Belladonna*<sup>1</sup> was substituted, which was followed by *Vaccinine* and *Sarracenia*, the first for one day only, and the latter during the latter stage of the disease. The most important thing is yet to be said, and that is in regard to diet in this affection. What I ascertained ten or twelve years ago in treating

similar cases still holds good, and I am now willing to assert it as an uncontrovertible fact, that good fresh milk renders the disease in question comparatively mild. Milk, or articles of diet such as were prepared with milk, was used exclusively in this case, with the single exception of an occasional apple, either raw or roasted, as the patient desired. Milk and water was applied to the face and exposed parts, linseed oil was also applied to the face by moistening soft rags and applying thereto. In addition to the foregoing the room was well ventilated, and not very dark, and kept comfortably warm by a good coal fire; and to prevent pitting, so common to the disease, the attendant was requested to let the pus out of each pock as it was formed, and now, January 7th, 1872, at the end of twelve days, the face is entirely cleared off with the exception of the redness so common for some time afterward.

The question arises, does milk mitigate the severity of the disease?

If variola virus is so modified by admixture with milk as to produce, in the human system, the vaccine disease only, why not, when taken into the stomach during the course of variola, modify it in a similar manner?

Dr. Houard stated that he is also very favorable to the use of milk in this disease, averring that it exerts a very beneficial influence toward the amelioration of the symptoms, and he adds, in addition, that he uses no stimulants, having treated forty-eight cases, during the present epidemic, with the loss of six; two of these were given stimulants by the attendants, in opposition to his wishes, and two were small children who had not been vaccinated.

In this connection, Dr. C. Preston spoke of physicians using the low potencies in malignant diseases, while in their general practice they use the high; this being unnecessary, in his opinion, and according to his experience. He thinks the reverse the most effectual mode of practice if any change be made, since he finds the high potencies to work admirably in his hands, in these diseases. He also stated that he finds antidotes for crude drugs in the high potencies, using the same remedies high as have been taken in the crude form.

There now arose a spirited discussion upon high and low potencies, principally participated in by Drs. C. Preston and J. G. Houard; the former upholding the high, while the latter defended the low potency side of the question; but after all, it would seem, from their statements, that both were crowned with equal success upon the administration of their favorite dilutions.

Dr. Wood spoke of having corroborated one of the leading characteristic symptoms for *Capsicum* in intermittent fever ("chills running down the back"), in which this remedy effected a prompt cure.

Dr. R. C. Smedley related a case of ophthalmia in a child, which he failed to relieve by the usual remedies, and upon presenting it to Dr. Macfarlan, at the college clinic, he prescribed *Asaram Eur.*, which effected a speedy cure.

Dr. C. Preston presented the following article, entitled,

*Abbreviation rather than Expansion of the Homœopathic Materia Medica:*

The proving of new remedies has become a work of such vast importance to the profession, or at least so many physicians thus regard it, that our *Materia Medica* is rapidly becoming out of proportion, and the more incomprehensible because of its voluminous increase in size. It is not additional symptoms against which I enter complaint, but the repetition of symptoms under the same and different remedies.

I would not venture the opinion that we would be better off to stop short in our career of proving new remedies, but I think I will be sustained in the conclusion, that abbreviation is more needed at present than extension; and the time has certainly come when we should feel less anxious to increase our list of remedies with their great incumbrance of symptoms, which are mainly similar, if not identical, with those we have under our old and tried drugs, and more for the purification of the remedies we are already to some extent familiar with. And I mean by the purification of a remedy, the elimination of all non-important and superfluous symptoms and repetitions, and the development of new symptoms by further provings, when the remedy has not already been thoroughly proven.

When I take up our journals and reports, and look over the provings of new remedies, I cannot but feel discouraged with the array of symptoms given, with probably not more than one in twenty which cannot be found under our old remedies, and a very large proportion of the symptoms given are of no importance in practice.

It is really painful to have to acknowledge what professional *drones* many of us have been; for after a score or more of years in active practice, we are far from thorough in our knowledge of the most commonly used remedies; while others are presumed to have mastered their therapeutic properties, and are almost ready to lay many of them aside to give place to newly proven drugs, which are comparatively little known in practice.

Let it not be presumed that I am opposed to advancement in our healing art. I am aware that the expansive fields of nature and her subterranean recesses may still abound in undeveloped substances which, in process of time, may yet be called into requisition for the greater perfection of that system so wisely and generously bequeathed to us by the immortal Hahnemann.

But let us not place a fictitious value upon new remedies merely because they are new, to the exclusion of many of those old and tried drugs which are yet scarcely half studied or understood. Do not let us in our zeal to find specifics for disease in newly proven remedies, forget the fact that homœopathy has risen to be a great system, which is now looked upon with fear and jealousy by the dominant school of medicine, because of its merit as a system and its rapid progress in the number and intelli-

gence of its adherents; and this has mainly been accomplished by a proper use of comparatively few remedies handed down to us by Hahnemann and his coadjutors; and the great fear is that in our eagerness to arrive at the acme of our art by the proving of so many new remedies, we shall neglect the study of the old, which never can be superseded nor improved upon, in a special sense at least; for every remedy has its characteristic symptoms peculiar to itself, which can never be replaced by another. *Apis mel.* can never replace *Acon.*, *Bell.*, or *Arsen.*, although it may have some symptoms similar or identical with each. But if Dr. Wolf could be relied upon as authority, we might blot out these remedies with some others, to give place to this virulent little intruder, which bears but a poor comparison to most of its contestants for the field of usefulness. Yet *Apis* has a few characteristics which cannot be too highly estimated by every careful practitioner.

This disposition on the part of many physicians to embrace new remedies with avidity, and to expect they have found in them a shorter and easier road to success in practice, does much injury to the cause of homœopathy, for the reason that nearly every new remedy is pushed boldly into the field under false colors, and for a season those who prefer the short road to success mount the hobby and expect to ride safely along with much less study and care than formerly, until suddenly they find themselves wrecked on the shoals of empiricism, and discover that indiscriminate and experimental prescriptions are not homœopathy, and will not cure disease. Then they are compelled, reluctantly, to return to first principles, which seem all the more tedious because of their departure.

The original remedies proven by Hahnemann, Gross, Hartlaub, Hering, and others, number about two hundred, which, of themselves, compose a large *Materia Medica*, and nearly all of which have stood the investigation of wise and careful practitioners for more than half a century, and have been so fully verified in practice that no impious hand can tear one of them from the pages of the *Symptomen Codex*. But many of these remedies abound in superfluous symptoms and repetitions, which increase the labor of the practitioner in selecting remedies, without assisting him in acquiring a correct knowledge of the *Materia Medica*; while others again are but meagrely proven, and, consequently, their real value remains undeveloped. In consideration of these facts, we need the combined efforts of the profession to revise and perfect the provings we already have, much more, at least for the present, than their labors in the investigation of new remedies. I regard the researches of Lippe, Hering, Raue, Guernsey, and others, which have led to a clearer discrimination of so many truly characteristic symptoms, of more value to the cause of homœopathy than all the new remedies which have been proven since this great work has been in progress.

What kind of symptoms are chiefly to be regarded in searching for a remedy? Hahnemann said we ought to be particularly and almost exclusively attentive to the symptoms which are striking, singular, extra-



ordinary, and peculiar (characteristic); for it is to these latter that similar symptoms from among those created by the medicine ought to correspond, in order to constitute it the remedy most suitable to the case. On the other hand, the more vague and general symptoms merit little attention.

Now if this be true,—and I think all who have given attention to the importance of discriminating characteristic symptoms will admit the fact,—we have a greater work to perform than the proving of new remedies, and the prover has done but little for homœopathy when he has merely experimented with a remedy, and presented us with an indiscriminate array of symptoms without defining perspicuously those symptoms which characterize and distinguish the remedy from all others.

The Society now, after electing to membership *Drs. J. W. Thatcher*, of Quakertown, and *Levi Hoopes*, of Pottstown,—selecting *Dr. J. B. Wood* as delegate to the American Institute, and choosing for discussion at the next meeting, the subject of Cholera, adjourned to meet in Norristown, at the office of Dr. M. Preston, on the first Tuesday in July, 1872.

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#### PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE June meeting of the Society was held by invitation, at the residence of Bushrod W. James, M.D., 1821 Green Street. The President, Dr. Jeanes, in the chair.

The minutes of the May meeting were read and approved.

THE SCRIBE, Dr. Bushrod W. James, then addressed the Society upon "*Minute Life and Minute Matter*." He stated that he proposed to take a glance away down the scale of animal life to-night, in close proximity to the narrow recesses where animal and vegetable life seem to run together, and where the mineral kingdom is seen in certain specimens, divided to an extreme degree of minuteness, as can be shown by delicate tests.

The lowest subdivision of the animal kingdom, is the Protozoa. Into it is classed:

1. The *Gregarinidæ*, or parasites which live in the alimentary canal of invertebrate animals, such as insects, arachnidans, and chætopodous worms.

2. The *Rhizopoda*, organisms composed of a movable mass of jelly-like consistency, with no mouth or alimentary canal, the movements being effected by processes or prolongations, which are attached to the mass. When these protrusions come in contact with anything in the shape of food for the little animal, these processes grasp around the article and compress it into the gelatinous animalcule, as Prof. Greene illustrates, like a stone pressed into plastic clay.

3. The *Spongia*, a very low form of animal life, and so close an appearance do they bear to vegetable life, that much discussion has arisen in

times past among naturalists, as to which of these two kingdoms they should be assigned.

They are gelatinous existences just like amœba but of different shapes, and increase like zoophytes, with a hard horny silicious or calcareous framework, with numerous spicules projecting from them. They have been termed aggregations of amœba, or even lower forms of life. If one is divided it readily reunites if placed in contact, even if the divided ends are not adjusted. One species, however, will not unite with another species in this way, but always with its own.

They are nourished by the opening of numerous pores in their substance, and the admission of a current of water, after which the pore closes, and is sealed over as though no opening had occurred. They are provided with canals, which lead to a separate orifice or orifices through which the ova and also the fecal matter is thrown off.

4. The *Infusoria*, animalcules which are nearly all microscopic in size, but vast in number all over the globe, especially in hot climes. They are composed of a diaphanous gelatinous material with an outer layer or integument-like covering of firmer consistency. The bodies have more defined forms than some of the other protozoa. Most of them have mouths surrounded with cilia which aid in securing food for the little organization. Others have filaments which vibrate, some have bristle-like projections which seem to serve also as feet, and some have hooks by which they adhere themselves to other bodies. All have mouths. Their food is organic matter, and different kinds of infusoria show a liking for special kinds of matter. Their organizations is not thoroughly understood as yet. They, however, have a nucleus enveloped in a membrane, and their reproduction varies in the different kinds, some by ovation, some by nuclei, &c.

*Protophytes*, or the lowest vegetable organism, sometimes are very difficult to distinguish from the protozoa, or lowest form of animal life, but the substances on which they feed assist us in determining. The protozoa subsist on organic particles either of animal or vegetable growth, and this is the case with the proteus or amœba, which have no mouth—while the protophytes consume inorganic matter to subsist upon, from the surrounding water or air.

His object in calling the attention of the Society to the subject of minute animal life, was to show some of the experiments which he had recently made in the destruction of this form of animal life by certain medicinal agents.

He desired to carry his illustrations in two directions, one to exhibit the action of certain drugs upon infusorial life, and the other to get at the limit at which some of our drugs can be detected in their attenuations, and show where they cease their actions upon these most sensitive forms of life.

These fields were so wide that he could but simply enter them now, and at a future time he hoped to give the result of the attenuated remedies,

upon the same class of life, that he was able here to show the action of the crude drug upon.

If time will admit in the future, he proposed to follow up the *germs of disease* as far as that subject can be reached, and then illustrate the specific action of drugs upon these and upon contagious matter in causing their destruction, and if this can be accomplished he considered that we will be getting at the fundamental principles of prophylaxis.

He remarked that by scouring over some of the ponds and creeks in the neighborhood of the city, he had been able to obtain some of the larger animalculi. Here is a specimen sufficiently large to be seen by the naked eye, and will answer well for the illustrations which he proposed to offer.

He said you will observe in this bottle some of these living forms moving freely about. In these watch-glasses I will place a portion of the liquid containing them. In the first glass I will leave the water untouched, in order to compare the movements in that glass with the change of movement in the others, when the different agents are put in.

1. Into the first glass I will place a minute portion of pure carbolic acid (Calvert's crystallized), and with this glass rod will stir up the liquid so that the carbolic acid will be dissolved in the water containing the animalculi. You may time the experiments with your watches, and I think you will see that the living forms are almost instantly paralyzed, and all motion will cease within a minute of time. They expire instantly.

2. Here is an experiment which I performed yesterday, with the first aqueous attenuation of carbolic acid. Some of the solution from the first glass, a drop, was placed into another glass on the point of a sharp stick. As the animalculi would come in contiguity with it, they would at first seem to be more active in their movements, then would suddenly cease all vitality, and when another would approach they would apparently overlap their filamentous projections, and soon the other would cease to move, and both would remain inactive and dead, and somewhat collapsed in size alongside of each other in pairs. In the first experiment, each died separately, and not side by side with another. No motion returned.

3. In another experiment a few crystals of sulphate of quinine was added, life continued for some time as vigorous as before; the animalculi moving freely among the crystals. In fifteen minutes, but one animalcule was moving, and it died or ceased motion, on the fluid being shaken up. It was moving at a distance from the crystals some of which had not yet been dissolved.

4. To another glass sulphate of morphia was added. Motion as active as ever at the end of five minutes. In half an hour some were still living, while some were entirely motionless.

5. In this next glass containing the living animalculi, he added strong alcohol 95 per cent., and although the movements were considerably accelerated for a time, life was not destroyed, and the little beings resumed their accustomed movements.

Dr. James exhibited all these experiments before the Society, and then

in his oxy-hydrogen gas microscope threw upon the screen some specimens of the same kind of animalcules, upon which he had just been experimenting upon the table. It was shown upon the canvas very greatly enlarged, and their rapid movements through the drop of water in the microscopic slide were beautifully illustrated, as well as their form.

He further stated that he had performed the same experiments upon vinegar-eels, with about the same result that he had obtained upon the form of life just exhibited.

A slide containing a drop or two of cider vinegar was then introduced in the gas microscope, when a multitude of vinegar-eels were observed twisting and moving in all directions upon the screen, every one full of vigor and life. Into the drop of vinegar was now inserted a minute portion of pure carbolic acid, when instantly many of the eels were stricken dead as they came in contact with the medicinal agent, and as it dissolved and diffused itself through the vinegar, the writhings, contortions, and death struggles of the others were most remarkably exhibited upon the canvas, until all life ceased, which occurred within two or three minutes after the introduction of the carbolic acid; thus clearly proving upon a large scale the rapid and destructive action of this drug upon minute life.

Time did not permit him to carry out the other experiments upon the screen. Various forms of anatomical preparations were exhibited, as well as some well-prepared natural specimens of healthy and diseased human tissues. A comparison was shown between healthy kidney and the pathological condition that occurs in dropsy, and likewise the disorganization and change of structure that occurs in Bright's Disease.

Healthy lung was also exhibited and also compared with the change of structure which occurs in tuberculosis. A piece of lung in a state of emphysema was likewise compared with healthy lung.

A specimen of cancerous growth was shown; one of fibroma, one of melanosis, all exhibiting the changes which take place in the tissues involved, when the germs of these diseases are in active progress, developing their results in the human organism.

The views from many other slides were thrown upon the screen through the instrument, some of them exhibiting fine coloring of the arterial and venous circulations in the tissues exhibited; while on the table during the whole of the evening was an ordinary microscope, under which was a slide ingeniously prepared, after the plan of Mr. Holman of the Franklin Institute, showing the circulation of blood through the tail of a tadpole, the shape of the white corpuscles being clearly made out, as they moved through their proper circulating channels under the eye of the observer.

The arrangement of the tadpole by Mr. Holman is a novel and peculiar one. A slide about a quarter of an inch in thickness had a deep excavation ground into it, and into this the head and body of the animal was placed, with the tail projecting over upon the face of the slide. A



cover made by two thin pieces of glass, from the under one of which a semicircular piece had been removed, and the upper thin piece of glass covering over this hollow portion being at hand ready for use, is slipped over the cell and tail of the tadpole when the latter is in proper position, the tail coming under the upper piece of glass through the space now made by the cutting out of a portion of the lower layer of glass, which now forms the cover. Care is taken to not entirely cover the cell with the under piece of the cover, at the point where the tail of the animal projects from the cell over upon the surface of the slide, otherwise the circulation would be entirely cut off.

The slides for exhibiting infusoria life under the gas microscope, or even under the common microscope, invented by Mr. Holman, are especially worthy of note. They are called vacuum-slides. And this indefatigable microscopist has certainly brought out a most valuable invention for this purpose. The best form is made as follows: A thick slide, such as has been above described, with a deep cavity ground into it, is taken, and a very shallow cavity is made in close proximity to the deep cell. The shallow cavity must be very highly polished and smooth, and a very small canal or two made from this brightly polished cavity, to connect with the deep one, which need not be thus polished. In using the slide some of the liquid containing infusoria is placed in the large cell, enough to fill it; then a cover large enough to fit over both cells is placed over them. As many infusoria die soon after the atmosphere is excluded from the liquid containing them, the little forms soon seek their way up through the little grooves from the reservoir cell into the shallow cell, and arrange themselves in close proximity to the bubble of air which it contains. In placing the slide under the microscope the shallow cell only is put under focus beneath the objective. Mr. Holman found that the evaporation of the liquid within the large cell caused a pressure upon the cover sufficient often to break it, so that he had a little canal or two made from the shallow cell running out beyond the edge of the cover, so that the microscopic bubbles of air might enter through it into the cells, and thus not only relieve the atmospheric pressure and prevent the breaking of the cover, but also to feed the minute life with fresh air.

6. In experimenting further with vinegar-eels, Dr. James found that sulphuric ether did not destroy their life. The rapid evaporation of the ether caused them to cluster together in large masses around the edge of the liquid where the evaporation was going on, making quite a dark circular line of the little animals in the liquid. After the ether had all evaporated they resumed their movements as usual, the ether having had no perceptible effect upon them.

7. Into a watch-glass, filled with cider vinegar, was placed two or three drops of chloroform. The chloroform instead of spreading itself over the surface of the liquid, as did the ether, arranged itself in the centre of the glass with the vinegar all around it, and commenced a slow evaporation. Upon stirring the chloroform up thoroughly with the

vinegar he found the two liquids would not mix. The chloroform was nearly half an hour in evaporating, and all the time a continual twisting and revolving of some yellow particles of cork and dust that had become mingled with it in the bottle, was maintained. The eels continued their movements in the vinegar as usual, many of them being drawn into close contact with the chloroform at its circle of separation from the vinegar, so that when all the chloroform had evaporated many dead eels were found straightened out in the watch-glass at the bottom of the vinegar, while others continued their normal movements all through the vinegar. They continued alive and as active as ever six hours later.

8. Chloral was used in the next experiment, two or three small crystallized masses being thrown into a watch-glass filled with vinegar containing the eels. The chloral gradually and slowly dissolved. Some of the eels soon began to show sluggish movements. Some would become quiet for a moment and then begin their movements again, while at the end of ten minutes some seemed almost lifeless. At the end of an hour when he made the next observation of this glass, he found that the chloral had entirely dissolved, and all of the eels were entirely motionless.

9. The next experiment consisted in using nitric acid, and in five minutes there was a good deal less motion all through the vinegar, and many of the eels were straightened out and dead. At the end of an hour they were all dead. The acid mixed readily with the vinegar.

10. Camphor was likewise tried, but life continued active. An hour after, the eels seemed very active, and four hours later not one could be found to exhibit any symptom of uneasiness or death.

11. Lachesis<sup>5</sup> seemed to have no effect whatever upon them, even after hours of its presence.

12. Chloride of sodium was next used. A quantity of table-salt sufficient to make a saturated solution was added to some vinegar filled with a multitude of eels, and then stirred up until all had dissolved that would, but it seemed to produce no perceptible effect upon the eels for about ten minutes, but after standing for fifteen minutes a few had perished, and at the end of half an hour all were dead. Some remained in a twist, and some in curves, and here and there one was found straightened out after death.

They did not dissolve until evaporation took place. Beautiful six-sided crystals formed in about three hours, when no trace of the eels could be found.

The next series of experiments consisted in showing the limit where the drug could be discerned by the test power in the attenuations.

1. Arsenicum album was taken, and with the delicate test ammonio-nitrate of silver, which gives a yellow coloring when arsenic is present, and the results exhibited on the table before the Society. He commenced with the eighty-two-thousandth, but not the slightest reaction was seen. *Ars.*<sup>1000</sup> was then taken, and then the same remedy <sup>200</sup>, but

there was not the slightest trace detected. In the thirtieth a very faint delicate tinge of discoloration was observed, which was still more marked in the fifteenth; a very decided yellow in the twelfth dilution, and in the seventh trituration the characteristic reaction of the arsenic test was exhibited. The sixth, third, and second showed a proportionate increase in the quantity of arsenic present.

2. Strontia was next taken, and some of the alcoholic dilutions burned. A lamp in which some of the crude strontia had been placed was burning on another part of the table, so as to compare the characteristic red flame of the article; he having no spectroscope at hand with which to show the characteristic lines. The thirtieth decimal dilution (of Boericke's preparation) was the first to show the least red coloring, and the quantity increased in the twelfth, sixth, third, and first.

3. *Natrum muriaticum* was next taken, and the yellow flame, characteristic of sodium, was also seen in the thirtieth dilution of that drug. The twelfth, sixth, fourth, third, and first were all likewise tested, and yielded a corresponding increase of sodium as they approached the lowest attenuation.

4. *Cuprum*, which gives a blue coloring in ammonia, was run from the two-hundredth down to the third, but showed no trace until the third trituration was introduced. The result was rather peculiar in this respect, that the little particles of blue were scattered here and there through the *saccharum lactis* with which it had been triturated, while some portions of the *saccharum* showed no blue coloring at all except as the liquid was stirred up, and the blue particles became more scattered through the ammonia. He held a doubt as to whether the particles of some of the triturated metals undergo as minute a division in trituration and subsequent dilution as is generally believed.

5. Nitric acid was submitted to the litmus test, which gives a red or pink color to blue litmus. The acid was detected as high up as the twelfth decimal dilution.

6. Muriatic acid yielded a similar result, showing the characteristic red tinge as high as the twelfth.

7. Sulphuric acid gave similar results as high as the twelfth.

The preparations tested were from Dr. Boericke's Pharmacy. The lower attenuations being the decimal, and for the higher attenuations he did not know on what scale they had been prepared, centesimal or decimal.

Dr. James expressed his determination of following up these subjects still further in the future, and no doubt will report the results of his investigations from time to time to the Society.

He had read frequent reports about arsenical poisoning from wall-papering. He stated that he had procured a variety of wall-papers, especially the brilliant greens, in order to see if the presence of arsenic could be found in them as some observers had imagined, but not a trace of arsenic could be found in the samples furnished.

The paper-hanger did not know what he wanted to use them for, and

freely furnished any sample he selected. He will try others at a subsequent time.

At this juncture the President took leave of the Society, and Dr. Henry N. Martin was called to the chair.

Dr. A. R. THOMAS addressed the Society on the subject of the formation of a Medical Library. He referred to the fact that the homœopaths of Philadelphia had, up to this time, done nothing towards the formation of a library, while the Government of the United States, through the Surgeon-General's office, was getting together a fine collection of homœopathic publications. The Hahnemann College, he said, had been engaged for some time in collecting books for the formation of a library, and with very good success. They could claim to have an excellent nucleus for the formation of a complete library, not only of homœopathic but of allopathic and other medical works, and he asked the co-operation and assistance of the Philadelphia County Society and of the physicians of Philadelphia in the work.

Drs. J. C. MORGAN and H. N. MARTIN indorsed what Dr. Thomas had said.

THE SECRETARY said that the formation of a complete Medical Library in Philadelphia by the homœopathic physicians, was something that he had always hoped for. He referred to the labors of Dr. Thomas in building up the College Library, and congratulated that gentleman on his success in carrying on the work of forming a respectable collection of medical works; a work already commenced by the old Homœopathic Medical College of Pennsylvania, and carried on very successfully under the supervision of Dr. Frost. He thought, however, that it was rather discreditable to our school in this city that so little had been done, and he joined Dr. Thomas in his plea to the profession to lend a helping hand. But, he thought, if the aggregation of books to form a complete and valuable library, particularly of homœopathic publications, was to be prosecuted to a successful issue, it must be carried on outside of the College Faculty, it must be a public library, and if it must be in the custody of some organized body, the County Medical Society was the proper organization to take the matter in charge. By this means all physicians who could be induced at all to co-operate would be brought in; whereas, the control being placed in the hands of the College, probably but a moiety of the profession could be brought to assist. He therefore moved that a committee of three be appointed to report at the next meeting a plan for raising a public Medical Library, to be under the control of the Philadelphia County Homœopathic Medical Society.

Dr. A. R. THOMAS said he had foreseen that such a proposition would be made, and he regarded the remarks of the Secretary as eminently proper and pertinent. He therefore seconded the motion.

The motion was unanimously agreed to, whereupon the Chair appointed Drs. Thomas, McClatchey, and Samuel Brown, the committee.

The Society then adjourned to meet on the second Thursday in September.



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PROVISION FOR THE INSANE.

BY SAMUEL WORCESTER, M.D.

At the present time there is no subject which is receiving more attention both from those who make the study of insanity a specialty, and from those who are interested in this as merely one among the many problems of social science. During the past few years there has been an increasing feeling of doubt, in the minds of many, whether the present methods of constructing hospitals, and their management, are really conducive to the best interests of the class for which they are designed. Insanity is said to be increasing throughout the land, and its attacks spare no class in society, the rich and the poor, the learned as well as the ignorant, all alike are its victims.

At a meeting of the Western Social Science Association, held in Chicago, in 1870, the late Dr. Charles A. Lee, of Peekskill, N. Y., said in reference to this question: "So practical is the American mind, that I have not the slightest fear but that this weighty problem, how shall all classes of the insane be best managed, both as regards their own and the public safety, and best as regards their own bodily and mental welfare, will yet be successfully solved. Thus far this whole class has been dealt with in the *aggregate*; the time has fully come when they should be dealt with as individuals."

Heretofore the homœopathic school, as such, has taken no active part in questions relating to psychology; but the time seems to have arrived when we should be active in considering questions of such importance. There is every prospect that homœopathic hospitals for the insane will ere long be established in several States, and it is important that those persons to whose care they will be intrusted, should be fully conversant with the various plans and opinions now proposed and discussed; so that on this, as on other questions, homœopathy may take an advanced and enlightened stand.

The State of Illinois, through its Legislature, recently made appropriations for the erection of two additional hospitals for the insane; and in order that the trustees might avail themselves of the best attainable knowledge, a conference was held, consisting of the State officials, the Hospital Superintendents, and the Board of Public Charities, "to consider the respective merits and demerits of the two systems of organization known as the congregate, and the segregate or family systems." Letters of inquiry were also sent to the superintendents of insane asylums throughout the country, and many answers were received; but both the conference and the letters showed a wide diversity of opinion as to the desirability or expediency of trying the "family system" in this country. Men of eminence in the profession were arrayed on either side; but many were in favor of the experiment, who doubted its success.

Dr. McFarland, late Superintendent of the Jacksonville Asylum, read a paper before the conference, showing that the present system of hospital organization is based upon the views that have been held in regard to the nature of insanity. "Formerly insanity was supposed to be caused by demoniacal possession. Exorcism was the means chiefly resorted to for its cure. The monasteries thus became the first homes of the insane, the holy men who resided in them being supposed to have miraculous power to expel

evil spirits." We see in the architectural arrangement of the monasteries the foundation of the present form of our hospital buildings, viz., a long corridor between two rows of cells; and it is in this connection worthy of note, that the word Bedlam, so often used to denote a mad-house, is a corruption of Bethlehem; the hospital of that name having formerly been a monastery. Later the disorder was regarded as a disease, and, as such, to be treated medically; but the congregate or monastic system was retained for the sake of convenience. In our own day less attention is paid to the medical, but much to the so-called moral treatment of the disease. Nevertheless, in all these systems, there has been the idea of *restraint* as a fundamental principle; and our hospitals have been constructed, and their management organized, with a view to carrying out these ideas as fully as possible, and thus far with good results.

"One very frequent source of defect in our institutions," says Dr. Van Deusen, "not general, however, or peculiar to the system, is a failure to recognize, at the time of their establishment, the full extent of the requirement they are to meet. Overcrowded halls, impaired classification, with attendant dangers and discomforts, serious epidemics, and increased mortality, are the results." All asylums, therefore, should be constructed with a view to future enlargement to any desired extent, without impairing the unity of the plan.

It is supposed, theoretically, that each State is under obligation to provide for all of its insane; but, practically, no such result ever has been, and it is more than doubtful if it ever will be attained, at least under the present system. Many elegant and costly asylums are annually built, but the supply does not equal the demand; indeed, in England, where very thorough and systematic provision is made for the insane, the commissioners in lunacy report that "the immense additions made to asylum accommodations during the past ten years have been fruitless, so



far as they were intended as means of bringing all lunatics under supervision, and under the protection of the lunacy laws." Dr. E. T. Wilkins, who was appointed Commissioner in Lunacy for the State of California, makes the following remarks in his able report on the state of insanity in this country and in Europe. He says: "Let us not only provide ample accommodations for all of our insane, but let us so locate our asylums that they will be easily accessible to the greatest number of those who will probably require their use; and then with an enlightened public opinion, all will be encouraged to seek the benefits of early treatment and speedy restoration. Comparatively a few only will be left as permanent charges to the State. A much greater number will be restored to usefulness and labor. The State will be the gainer by the operation, and humanity will smile at the triumph of wise legislation and judicious treatment over the most appalling disease with which the human race has ever been afflicted."

Under the present system of hospital management the liberty, comfort, and welfare of all are greatly modified by, and made subservient to, the requirements of a comparatively small class. In order to remedy this, and at the same time provide for all classes of the insane, many plans have been devised. The Association of Superintendents of American Hospitals for the Insane, has recorded its influence and opinions almost unanimously as opposed to any plan contemplating making provision for the curable and the chronic insane in separate establishments; and their objections are too many and obvious to need relating here. Many persons are favorable to the Gheel system, but the experiment as tried at Kennoway, Scotland, under the direction of the commissioners in lunacy, shows that it would be a failure if introduced among a people imbued with American ideas. It is evident, however, from the increased attention given to the subject of provision for the insane, by the more intelligent classes, that a change will be made in the present system; it re-



mains to be proved whether that change will be beneficial or not. In either event, much will be gained when the public and the profession at large take an enlightened interest in the welfare of the insane.

It is not my present purpose to discuss the advantages or disadvantages of the ordinary asylum systems; they are well known to all who have investigated the subject with any degree of thoroughness. I propose, however, to consider some of the salient points of the system sometimes known as the "*American Cottage Plan*," which differs as much from the settlements at Gheel and Kennoway, as it does from the plan in vogue in this country. This plan is substantially as follows: There shall be a large central hospital building as at present, with capacity sufficient to accommodate 100 to 150 acute, recent, and curable cases; while grouped at suitable distances shall be neat, substantial farm-houses and cottages, capable of accommodating from a dozen to forty patients. These cottages or farm-houses will not require any special provision for restraint, and no bars or bolts. Each house is to be under the charge of a supervisor, assisted by his wife, and two or more male attendants, who will assist the patients in the field and in the workshop. Recent cases, and those requiring close attention or restraint, will be placed in the hospital itself; while the quiet, the demented, and the convalescent, may enjoy the comparative freedom of the *cottage*. Dr. Bemis, the late Superintendent of the State Hospital at Worcester, Mass., one of the earnest advocates of this system, and under whose supervision it has been tried to a limited extent, regards the experiment as successful; and while he acknowledges that "many of the insane will not admit of this enlargement of personal freedom, considers it quite practicable for two-thirds of the ordinary inmates of our hospitals." There seems to be two important points or principles insisted upon by those in favor of this system,—first, that all hospitals should be organized from the foundation on an industrial basis; and

second, that each patient should be allowed the greatest amount of liberty compatible with safety and his true welfare. Thus carrying out the ideas of Fabrêt, a distinguished writer on the subject, who remarks that "reform in asylums, for the last seventy years, has consisted in a progressive departure from hospitals and prisons, and in an approach, as close as possible, to ordinary family life."

The institution which, in Europe, represents more fully than any other the plan under consideration, is the "Colony of Fitz James," at Clermont, France; and of this Dr. John E. Tyler, late Superintendent of the McLean Asylum, says: "The establishment at Clermont, France, except that it is under private management, seems to me to realize more fully than any other the present necessities of our country. Here is the *hospital proper* for the treatment of curable cases, and for the restraint of the dangerous. At a short distance is '*the colony*,' with its buildings differing little from large boarding-houses, where people live without restraint, and labor when they are able and willing. There is a constant interchange going on between the two departments. If a patient becomes restless, or boisterous, or unmanageable in the colony, he is taken to the asylum. When one in the asylum becomes quiet, and can be trusted with his own liberty, and is capable of labor, he is at once transferred to the colony, and this is felt to be an incentive to self-control by the inmates of the asylum." Dr. Wilkins, however, who visited the same place, said that he was impressed with the idea that the patients were required to do more work than was compatible with their physical and mental condition. "Ordinarily, the labor of five lunatics is supposed to be equal to that of one person in perfect health, while many cannot labor for medical reasons; but here a much larger proportion are required to work, and more work is required of them."

Dr. Edward Jarvis, of Dorchester, Mass., who is acknowledged an authority on the care and treatment of the insane, presented an excellent paper on the subject,

which was printed in the last "Report of the State Board of Health." From his paper we copy the closing paragraph: "It is not proposed here to adopt the system of Gheel, with its many good elements and its great deficiencies and cruel abuses; nor the cottage system of Scotland, with its incompleteness; nor even that of Clermont, however excellent in much of its plan and operation; yet the power and the virtue that belong to them cannot be overlooked. We need a combination of these with the more stringent plan and management of hospitals, here and elsewhere now adopted. We want a diversification of buildings, or of parts of one building, according to the condition of the different classes of patients, providing as much restriction as the violent and untrustworthy need, and offering as much freedom as they and all others can safely and profitably enjoy."

For years the single fact of a person being insane, has seemed justifiable cause for shutting him up in an asylum, regardless of the character of his insanity. "But," as Dr. Lee says, "it is the true principle that no one, sane or insane, should be entirely deprived of his liberty, unless for his own welfare and protection, or that of society." Some of the most distinguished alienists and philanthropists, at home and abroad, believe that future progress in the improvement of the treatment of the insane lies in lessening sequestration, and increasing liberty.

Finally, in the words of Dr. Henry Maudsley, the well-known author of "Physiology and Pathology of the Mind:" "When knowledge is gradually made to take the place of ignorance, and familiarity banishes the horror bred of ignorance, then will asylums, instead of being vast receptacles for the concealment and safe keeping of lunacy, acquire more and more the character of hospitals for the insane—they will become infirmaries for diseased brains, rather than the cemeteries of disordered intellect; while those who superintend them, being able to give more time and attention to the scientific study of insanity, and to



the means of its treatment, will no longer be open to the reproach of forgetting their character as physicians, and degenerating into mere house stewards, farmers, or secretaries."

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## REFLEX NEURALGIA OF THE UTERUS, OF THE PLEXUS SOLARIS, AND OF THE SYMPATHETICUS.

BY DR. LEUKNER, OF LINZ.

(TRANSLATED BY S. LILIENTHAL, M.D.)

I WAS called to a woman, 45 years old, emaciated and cachectic, with yellowish-brown color of her face, crying and moaning on her bed on account of the severity of her pains. Tongue heavily coated; total loss of appetite; nausea and vomiting; her stomach does not retain even fluid nourishment. Obstinate constipation; never a stool without an injection; micturition scanty; pulse weak and filiform; eye dim, albuginea yellow. The pains are chiefly seated in the *gastric region*, and radiate on both sides between the lower borders of the lowest ribs to the back, ascending and descending to the coccyx and towards the inguinal regions to the pudendum. They are *continuous*, *not intermittent*, get worse towards evening and are worse at night; no sleep at night; during the day burning, at night as from glowing coals, with increased sensation of heat.

The woman *cried continually* and begged to be relieved of her pains. Her allopathic physician had drugged her with chloral in continually increasing doses, but they brought neither relief of the pains nor did they produce any sleep. Morphine internally and hypodermically also failed, as the pains only ceased for a few hours, to return again with renewed vigor; a homœopathic mongrel wished also to take refuge in morphine, and was, therefore, discharged. Another specialist diagnosed carcinoma uteri, and the treatment was, therefore, not intrusted to his hands.

She told me that the menses stopped for a year, and only at irregular periods there was either a little show or a perfect hemorrhage. The pains began ten months ago,



continued without interruption, and the discharge of blood did not bring any relief. Formerly she suffered much from sick headache. My diagnosis was, hyperæsthesia uteri in climaxis, and through it reflex neuralgia of the ganglion cœliacum and of the sympatheticus; at the same time we have to combat a morphine-intoxication.

I thought of Nux v., but she told me that it always produced aggravation, and I therefore decided for *Conium*<sup>3</sup>, but it only palliated her pain, which left the sympatheticus and plexus gastricus and centred round the navel, with *aggravation in the afternoon till midnight*, followed by a few hours' sleep, when the pains again returned. I now changed to *Veratrum*<sup>3</sup>, as it has the umbilical pain and the sensitiveness of the ganglia in their total circumference, and by its action on the plexus spermatici interni specific relations to the uterus and ovaries. The pain left the umbilical region, concentrated itself in daytime below the navel and ceased during the evening, the first time in ten months when there was no evening aggravation. (*Veratrum* has also this symptom.)

The pains now moved entirely lower down and centred in the uterus, where she complained of bearing-down sensations, especially as it was the time for her catamenia. *Pulsatilla*<sup>6</sup> (she ought to have got it from the very beginning). Great relief, twice sleep. The following night the best night yet, slept all night. From Sept. 16th to 26th good nights; very little pain in daytime; menses run their regular course. From Sept. 26th to Oct. 7th, towards 5 P.M., an abnormal sensation in the back, sometimes at the inguinal region, always relieved by *Pulsatilla*. Up to Oct. 17th no medicine, but a return of pains, not bearing as formerly, but stitching, tearing, drawing in the head, chest, back, pelvis; heat, redness of face, with fear of apoplexy; pulse strong, full, 100. It was one of those dangerous reactions, the return of retarded menses, so dangerous during climaxis. All the symptoms indicated *Aconite*, 1st dec., a dose every quarter of an hour; after the third dose, sleep for two hours, but the pains and fever kept steadily on to the next day, when the pulse lost some of its fulness, the head was free, pains in the back and ovaria less. From that time forward the cure steadily progressed, and to-day, July 14th, 1872, there are no abnormal sensations, and she is free from all climacteric troubles. The manifestation of morphine-intoxication

passed off by a sojourn in a mountainous country air, and she returned to the city a well and hearty woman.

Homœopathy *versus* Allopathy: The most celebrated anodynes and sedatives without any effect whatever, although given in enormous doses, when Pulsatilla<sup>6</sup> and Aconite<sup>1</sup> produce a quiet and natural sleep. Virchow and his school cannot call to their aid the *vis medicatrix nature*, for they fought with all their weapons this obstinate enemy for ten long months and left the poor patient in a worse plight. It is *blind symptomatic generalizing* against *causal and individually specific study of the case and of the remedy corresponding to it*, and such facts may even yet prove to a Virchow that not the homœopathic physician, but that he and his adherents are the superstitious and the bigots of the nineteenth century.—*A. H. Z.*, July 29, 1872.

## CASES TREATED WITH LILIUM TIGRINUM.

BY W. H. BOARDMAN, M.D.

CASE I. Mrs. F., living near “forks of the road,” Lawrenceville; age 30; mother of one child. Had been under treatment of Drs. Falconer, Clark, Blackburn, and Dickson consecutively. Dr. F. diagnosed *cystitis*, and failed in his treatment. Dr. C., uterine neuralgia, and failed also. Dr. B. treated for some time without giving any diagnosis, but, failing to do any good, referred them to Dickson as a *dernier ressort*. He diagnosed ulceration of the womb, but failed to give any relief whatever; in fact she had to take her bed while under his treatment. Being recommended by a friend, I was called in. I prescribed on the first visit without making any special examination. This was on July 15th, 1871. Called again the next day; no better. I requested an examination, which was granted. I found a condition of *anterversio uteri*; the *os* being wedged down against the *sacrum*; the *fundus* tilted towards the *pubis*. The most prominent symptoms were, agonizing distress and pressure in the

*rectum*; felt as though she wanted to defecate all the time; believed she must have the piles, so intense was the torment. There were also great irritation of the bladder, with constant desire to urinate, with scanty flow at times, at others unable to pass any. Said she felt afraid to move for fear everything would drop through her. Head-ache over the eyes and vertex; menses at all times very irregular, scanty, and exceedingly painful. The principal mental symptom was, a fear that no one understood her complaint, and that it was incurable.

After some deliberation I resolved to try the *Lil. tig.*, and left some of the 1st dec. dilution. I called on the 17th; not much improved. She felt discouraged; in fact I felt so myself. I thought of trying some better known remedy, but as the husband told me that if I failed he would try no more doctors, I concluded to stick to the Tiger Lily. Left some of the 3<sup>x</sup> dil.; tried to replace uterus but failed to move it. July 18th. A little easier about the rectum and bladder; slept better and took some nourishment. *Lil. tig.* 3<sup>x</sup> continued. July 19th. Not much change from the day before. *Lil.* 3<sup>x</sup> again. July 20th. Some improvement; pelvic disturbance not so great; bowels moved easier; urine passed more freely. *Lil.* 3<sup>x</sup>. July 21st. Improvement continued; a yellowish leucorrhœa which had been present had nearly ceased. *Lil.* 3<sup>x</sup> continued. July 22d. Much improved and more hopeful; is now able to sit up in bed with more ease. Not to be tedious, from this time until August 8th the improvement continued slowly but permanently to a perfect cure, much to her own and husband's gratification, and, I may say, mine also. The lady has continued well to this date, May 9th, and will start on a trip to Europe on Monday the 13th.

CASE II. Mrs. McG., Bloomfield, 16th Ward, æt. 38; mother of four children. Had been under old school treatment at Tarentum, where she lived previous to coming to the city; had tried only one homœopathic pre-



scription from Dr. Charles Lee just before leaving. She complained of great bearing-down and distress in the pelvic region; pressure upon both rectum and bladder; she had worn a T bandage for six years, as she said to hold herself together; felt as though, if she did not wear it, she would drop asunder; pale and wretched-looking countenance; menses almost wanting, except a mere show every two or three months; very painful; leucorrhœa acrid, and of a dirty yellowish-brown color; headache; appetite very poor. Suspecting a uterine dislocation, I requested an examination, which was granted. I found the os pushed down upon the pubis; the fundus lying back against the sacrum. This seemed to me to be a case of *retroversion*, and I resolved to try the Tiger Lily again. On the 23d of July I gave her some of the 3<sup>x</sup>; on the 25th saw her again; said she could get around the house much easier. Improvement set in much sooner in this case than I expected. Lil 3<sup>x</sup> continued. July 30th. Very much better, but had caught a cold; had a dry, hard cough, with pains in chest. For this I gave Bry. 6th. August 6th. Cough and pain all gone; no worse in other respects. Continued Lil. tig. 3<sup>x</sup>. Saw no more of patient for some weeks. Her husband told me that she had gone on a visit to some friends at Tarentum feeling perfectly well. I have seen her often since; she remains perfectly well. This case is more remarkable from the fact that none of the provers had this condition of retroversion. This leads me to infer that this drug acts as much upon the uterine ligaments as upon the uterus itself, the conditions of uterine displacement depending on constitutional predisposition or accidental causes.

CASE III. Mrs. H., 16th Ward, æt. 31; mother of one child by a former husband; married second time six years; no more children.

This was a case calculated to excite the commiseration of any one possessed of feeling for a fellow-creature, for a more forlorn, woebegone, distressed-looking woman I



scarcely ever looked upon. Had been under treatment of Dr. Kearns of Penn Avenue for a long time; she at last gave up in despair—nothing to hope for, live for, but to live out a miserable existence. By persuasion of a lady, Case II, she consented to go under my treatment. I made a very careful examination, and found a very bad case of *anteversion*; and more, the fundus was inclined considerably to the left side of pelvis. There was a hernial sac in the left inguinal region, about as large as a walnut; very great tenderness of the os; the uterus swollen and tumefied, in fact almost as large as one three or four months pregnant; urination and defecation difficult and painful; aching, burning, pressing pains; bowels very torpid; menses irregular and scanty, and when appearing, very painful; constant leucorrhœa, mild and profuse, staining linen greenish-yellow; walked in as stooped a posture as though she had a *colocynth colic*. Had used, by advice, all kinds of uterine and hernial supporters with only temporary benefit. She was also subject to terrible attacks of headache and neuralgia. I gave the *Lil. tig.* in potencies from the 3<sup>x</sup> to the 12<sup>x</sup>, beginning September 6th, 1871. I will not tire you with the particulars and results of each prescription, but sum up the whole in brief. From this time until Nov. 16th she made steady and permanent improvement. The *hernial sac* disappeared; the bowels moved regularly and painlessly; urination easy and natural; menses came back natural and free from pain; neuralgia ceased, and she looked a different woman entirely. On the 16th I gave by mistake a prescription from a vial of the 1st dil.; a few days after I found her worse than usual. Thinking it an aggravation from the 1st dil., I left Plat. 6th. Never gave her any more medicine, and to this time she remains well. I neglected to state that I frequently used manipulation to aid in replacing the uterus, which finally assumed a natural position and retained it. Sharp pains which used to shoot from the hernial tumor down the thigh vanished and never returned.

CASE IV. Mrs. McK., Forty-second Street, married six years, no children; lateral version. Put her on the use of Lil. 12<sup>x</sup>, Jan. 15th, 1872. From this time until Feb. 6th she continued the use of it, and is now perfectly well. Some hard, bony-feeling lumps below the right knee disappeared also.

CASE V. Mrs. M., Forty-second Street. I was called to this case first, on account of severe flooding, on the night of March 7th. I readily controlled the hemorrhage, and in a day or two the patient was up and about her household duties. Some two or three weeks after was sent for and found her in bed unable to move, as she said, for fear her womb would drop from her; and if she tried to sit up, great distress in the pelvis. Said she had prolapsus for a long time; believed it was caused by rough usage from her husband during coition; he being a large rough sort of a man, who persisted, in spite of her cries and entreaties to desist. Examination revealed a prolapsed uterus, with much swelling and tumefaction; os much indurated, hot and tender to touch. Thought at first of *Conium*, but concluded to try *Tiger Lily*; left a prescription of the 12<sup>x</sup>. Went the next evening, and was astonished to find her on her hands and knees scrubbing the hearth. She said she felt well enough, and believed those powders must have had some magic about them, as she had got up in the morning free from any of the feelings of the day previous. She was in my office on Saturday evening, May 4th, saying she had continued well ever since. I used no other remedy, nor did I repeat the prescription. I have used this drug quite frequently in dysmenorrhœa with success. Bearing in mind a remark made by Dr. Cooper in this room some months since, while discussing this subject, that a great many cases of dysmenorrhœa were dependent on some uterine displacement, I have used it with the success above-mentioned.

I had a case of delayed post-partum recovery, in which

I wished very much to try the remedy, but the lady objected, and lay twelve weeks before the uterus regained its normal position, refusing to take anything whatever for her recovery. I believe she could have been speedily cured by this drug.

There are some characteristic peculiarities to which I will refer. Mentally "she is sad, despondent and indifferent about anything being done for her;" "she believes her disease to be incurable; that she has some organic incurable disease that nobody understands;" "the great pelvic discomfort; a downward, pressing, dragging feeling, as if everything would fall through, or as if she would fall asunder unless held by her hand or a bandage around the parts." The ovarian disturbance is also uniform and persistent. The great length of time elapsing before some of the symptoms were developed; some not occurring until the thirtieth day, yet when they did occur, were observed by all of the provers, and were unmistakable effects of the drug. This long action and persistent effect show it to be a remedy for many chronic cases which have been long in coming and are deeply seated. If the drug is thoroughly indicated in a case, I would not give it up or substitute another short of a week, at least, in any case. Another feature is its permanence; this is a valuable property in any drug. It may be slow, but it is sure, if properly indicated. My experience thus far has been confined to potencies ranging from the 1st to 12th decimal dilution. I believe it would richly repay the using of it very much higher, and I shall assuredly try it as high as I can procure it. If future clinical experience shall confirm the high hopes raised by the slight use made of it in the past, what a boon to suffering women it will prove, what a vast power in our hands for the alleviation of misery!

In conclusion I would say that, so far as the use of it in diseases of females is concerned, you have "what I know about" *Lilium tigrinum*.

## A SERIES OF PAPERS ON PSYCHIATRICS.

BY FRANK A. ROCKWITH, M.D.

## I.

VON GRAUVOGL'S remark that the homœopathic treatment of any disease must not be considered child's play, reverberates perhaps more forcibly when applied to those of the mind. And truly has Hyrtl quoted the aphorism of Fantoni, "*obscura textura, obscurioris morbi, functiones obscurissimæ;*" a sentence not applicable to any other class of the organic divisions of the human body, except it be, perhaps, that of the sexes. For in no other branch of the theory and practice of medicine do we meet with so much obscurity in its conception, or with greater poverty of statistical observations, as in the psychological division of human ailments.

And not only do we meet in the habitat of the psychical activity of man the most unconquerable obstacles for material observation, but we also find ourselves hemmed in by the conventional ideas of a generally slowly progressing community, whose common theological metaphysics have supplied us with a speculative philosophy seriously at variance with all direct deductions from actual observations.

In order to overcome the difficulties with which the student of mental diseases has to contend, it will be necessary for him to be thoroughly versed in the rudimental sciences as well as with those peculiar comparative branches of natural philosophy by which alone certain inductions by analogy may be obtained.

And of next, but not least, importance will it be to him to possess that above all first requisite of studentship, namely, natural adaptability or talent, and the enthusiasm to apply himself with patience to the investigation of all the past and present opinions and theories relative to the



subject. Such a demand must needs press hard upon that class of practitioners who, boasting of being *self-made men* (an appellation almost always synonymous with *half-made men*), scorn the methodical training of the truly educated, for, necessarily lacking that discipline of mind which alone is obtainable from systematic teaching, they will receive with open arms the generalizing theories of philosophism rather than of exact science.

Since it cannot be denied that the phenomena of psychosis are constantly on the increase and of almost daily occurrence in the practice of the general physician, it becomes necessary that its symptomology be more ordinarily understood, and its therapeutics so presented as to be of less hindrance to an accomplishment of its ends.

But it cannot be expected that in a mere report\* upon a given matter there should be found more than a direction of *thus* and *so*! I will merely ask and answer a few questions most pertinent to the consideration of the subject.

First of all, in what are the phenomena of mental disorders differentially characteristic?

And secondly, what pathological conditions underlie them causatively?

Not until Esquirol, Pinel, Leidesdorf, Reil, and others had classified mental diseases phenomenically, instead of, as according to Buzzorini, Töltemy, and Sinogowitz, by the predominantly affected spheres of the nervous or other organic systems, or again, according to the so-called temperaments or even the spiritual faculties (Hartmann, Dietz, and others) could a practical and yet compromising plan of dividing the various phenomena into classes and orders be accomplished.

Pathological anatomy furnishes us unsatisfactory, and often impossible to be obtained, data upon which to base either diagnosis or prognosis, and hence the least con-

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\* This paper was originally intended as a report for the Psychological Section of the American Institute of Homeopathy.

fusing and yet most constantly permanent characteristics in the phenomena of insanity must be their *manifestations*.

Thus do we have, as a first instance of mental alienation, the symptoms of *depression*, or that state in which the normal affections are sorrowful, and the general vital manifestations of the feelings lowered. Such depressions may be confined to two almost entirely opposite spheres of the organism, so that the one includes the vegetative or organic and functional system, while the other only the moral or psychical being of the individual.

The former we call *hypochondriasis*, and the latter *melancholy*.

The second grand division of characteristics in the phenomena of psychosis are those of an altogether opposite state, namely, those of *exaltation*; a diseased condition in which all the manifestations are pleasurable, painless, heedless, and void of all sensibility, either morally or physically, and hence are called the *maniacal conditions* of insanity.

(Greisinger has classified the symptoms of insanity as primary and secondary, in which the above symptoms of both depression and exaltation are considered as recent, acute, and curable, while our third division, yet to be described, stands as his second, the chronic and incurable division in the classification of that author.)

The third division of the phenomena of psychosis which, manifesting itself by *exhaustion and the total absence of all affections*, includes within it the last stages of insanity, known as complete *dementia and idiocy*.

To answer my second question will be an easy task, for the morbid manifestations of the mind are but the result of pathological conditions, and hence, find their analogous classification in hyperæmia of the first, anæmia of the second, and œdema and formative processes and structural alterations in the last.

When we consider the phenomena of diseases of the mind in the light of the above analysis, we cannot fail to

understand why the present arrangement of our *Materia Medica* has proved so inconvenient and often utterly fruitless.

To arrange the psycho-pathogenesis of drugs, first according to their pathological indications of hyper- and anæmia, and finally to give under each class the respective idiocratic symptoms according to the phenomenal indications, would be a task worth dreading.

A *Materia Medica* of mental diseases so arranged, could not fail to meet the different wants of our school, in that it not only would answer the demands of the so-called pathological school as well as the nicer individualization of that class of practitioners commonly nicknamed symptom-hunters:—a division as useless and unsafe as its harmonious union would be important and perfecting.

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## HOW TO DISTINGUISH OVARIAN TUMORS.

BY MALCOLM MACFARLAN, M.D.

THE physician is generally called in to give an opinion in cases where the abdomen is much enlarged, and conflicting views as to the cause and nature of the enlargement have already been expressed by others. Or if he happens to be the first to examine the case, others are afterwards called upon for their diagnosis to satisfy a natural desire of patient and friends. It is very important for one's reputation that a correct diagnosis be given. In view of the great difficulty and almost impossibility of *early* determining the nature of the various ovarian tumors, spoken of by Wells, Kiwisch, Clay, and others, it seems quite reasonable that, in the report of cures by homœopathic medicines, there is great room for doubt, at least in some of the cases. The examination has been of necessity superficial, and the diagnosis based often on probability. Even in the practice of experienced ovari-otomists, when the disease has been supposed well ad-



vanced and thoroughly understood, the abdomen has been opened and a mistake discovered ;—the abdominal section, if not taking life, putting it in jeopardy, to the confusion and detriment of the physician.

For the sake of differentiation, if the enlargement is due to œdema of the walls of the abdomen, pitting on pressure is seen, and verified by the exploring trocar or needle ; if due to fat, abdominal folds of it may be raised up between the fingers. Tympanitis is known by resonance on percussion.

Setting aside enlargements of the abdominal viscera as generally easily recognized, and thoroughly emptying the bowels by injection, the question of pregnancy is to be determined in a most careful and painstaking manner by the two classes of signs, rational and physical. The assertions or opinion of the woman for the present are set aside. In a case I recently reported, it was seen that statements of the patient that she was pregnant, entirely controlled nine out of the eleven physicians who were called in to examine her.

The truthful history of a case is of very great importance, whether the tumor be solid, fluid or composite. The enlargement begins on one side, and is first noticeable in the middle of either iliac fossa and by deep pressure ; after etherization it can be distinctly felt as a hard round body. An intelligent patient will frequently tell you this, which may be considered in a manner diagnostic or characteristic, as we say sometimes of medicines, although liable to exception.

In purely cystic tumors or ovarian dropsy there is, as a rule, no accompanying menorrhagia ; in cysto-sarcoma, uterine or cystic fibroids there generally is, in a very marked degree. As the tumor increases, it fills up the whole abdomen, and is to be differentiated from ascites from the fact that there is present no evidences of cardiac, renal or hepatic disease which precedes, accompanies, and causes dropsy. In both cases we have fluctuation on



percussion when the patient is standing. In ascites, when the patient is flat on her back, we have a flattening of the abdomen, its surface appears tremulous, and we have resonance on percussion, from intestines floated on the surface of the effused fluid, and as in hydrothorax, change of position alters points of resonance; in the other case the abdomen remains rotund by virtue of the distended sac, and there is no resonance. In polycystic tumors the exploring needle shows different colored fluids, rich in albumen; in dropsy the fluid is all of a kind, like normal urine. In examination per vaginam, the uterus is not often much out of position, because the mass above has generally contracted adhesions, which act as ligaments. In cysto-sarcoma, alternate hard and soft spots in the tumor may be felt through the thin abdominal walls. (Edema of the lower extremities, from pressure on the great vessels, is present in all cases when the tumor is large; emaciation or absorption of fat is noticeable here as well as in ascites; there is much belching of wind; ravenous appetite; little thirst, and no fever. In all cases of doubt it is our positive duty, before beginning the operation and risk life, to discover positively and harmlessly what we have to deal with by using a long exploring trocar, or, what is better, make in the median line below the umbilicus an explorative incision, one inch in length, just through the wall; if ascites exists, there will be an immediate flow of fluid; if not, then introduce the forefinger and explore the sides of the abdomen, cyst-wall, and uterus, conducting with a sound an examination per vaginam at the same time, to establish the fact of connection. Not only can certainty be arrived at in this way, after evacuating the sac, but a good idea obtained of the amount of adhesion as well as length and kind of pedicle. If the growth be of composite or other character, a very small portion may be removed with impunity for microscopic examination. Of course it is necessary to use chloroform or ether.

## A CASE OF POISONING BY NITRO-GLYCERINE (Glonoine).

TRANSLATED BY S. LILIENTHAL, M.D.

SCHMIDT'S *Jahrbücher*, No. 6, 1872, contains the following case of poisoning by glonoine: A laborer drank from a fluid, which he thought was oil, two swallows, but the burning in the throat taught him that he had taken blasting oil, and at the next farmhouse he drank quickly milk and water, and asked for medical aid. He did not feel at that time very unwell, but complained only of slight pressure in the chest, accelerated breathing, irritable pulse, off and on some vertigo. After taking an emetic he vomited a fluid smelling and tasting of nitro-glycerine. Respiration became very quick (60 to the minute); the pulse greatly accelerated (96 to the minute), but normal; oppression in the pit of the stomach set in; consciousness remained undisturbed, but the patient complained of dulness of the head, but only once he could not answer when questioned; headache, pains in mouth and œsophagus and thirst were not present, nor mucous rattling of the lungs; temperature rather cool than hot. (Leeches to the temples and to the cardia.) At night, about five hours after taking the poison, vomiting and purging set in, lasting with great severity over an hour; the vomited matter had the odor of nitro-glycerine; the stools were at first greenish, after awhile white, like foam made with soap, watery, and had a trace of the odor. He felt somewhat better; the gastric pains ceased; respiration was more quiet, but still superficial, a deeper one following two or three superficial respirations; he complained only of the *extremely severe headache*; after a while he laid quietly as if asleep; cyanosis and sopor set in, and the patient died an easy death seven hours after taking the poison. Five hours after death cadaveric stiffness was considerable, and froth collected in the mouth.

Post-mortem examination showed a hyperæmic condition of the cerebral membranes on the convexity and at the base; moderate hyperæmia in the substance of the brain, especially at the external layer; more internally, the brain appeared normal. The posterior part of the lungs also showed great congestion. The mucous mem-

brane of the trachea was of a reddish-brown color. Fluid blood in the left ventricle of the heart, the right one empty; coagula in both pulmonary arteries. The stomach contained about 120 grammes of a red-brown fluid; its mucous membrane at the fundus showed reddish-brown injection, with numerous small ecchymoses, swollen to a gelatinous mass, and could easily be stripped off. Nothing abnormal in the intestines.

Holst knows of four other cases, described in different journals. In all cases severe headache was present, but in the four cases it set in immediately after taking the poison, whereas in this case it appeared at a later stage; unconsciousness and sopor also only set in before death closed the scene. In relation to the cumulative action of nitro-glycerine, Hystroem found that laborers who have much to do with the blasting oil, get a sort of immunity from its noxious action.

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#### OBITUARY.

C. M. DAKE, M.D., of Rochester, N. Y., died at the residence of his sister-in-law, Mrs. Wiley, while on a visit at Springwater, July 15th, 1872.

The death of Dr. Dake is deserving of something more than a simple mention. He was one of the pioneers of homœopathy, at a time when it took considerable independence of character and determination to break away from the ranks of the old school. Himself the subject of acute rheumatism, unrelieved by all the means of his own materia medica, and given up to die by the most skillful allopathic physicians in Western New York, his father and elder brother\* in the number, he became the subject of homœopathic medication at the hands of Dr. H. Hull Cator, his brother-in-law, then of Syracuse, and was soon and happily relieved and restored to health. From that day, in the winter of 1841, he was a devoted student of homœopathy, and a dispenser of its blessings for more than thirty years. When you might count all the practitioners of the new healing art, west of Albany, in the great State of New York, on the fingers of your two hands, he located at Geneseo, achieved success, and each year saw brethren of the new faith settling in the cities and villages around him. Ridiculed by his father and elder brother at the outset, he soon had the pleasure of converting both to his mode of practice. Having lost his wife, in 1848 he was married to Miss E. A. Kirby, daughter of Dr. S. R. Kirby, of New York. He was subsequently in practice at Pittsburg, Pa., and at Rochester, N. Y. Owing to a serious injury on the cars, going from Erie to Pittsburg, some five years since, and declining health, he was compelled to withdraw from practice, and spent most of his time upon his farm near Rochester.

He became a member of the American Institute in 1847, but of late years was unable to attend its meetings. He had numerous students, many of whom will remember his enthusiasm in the cause, as well as his personal kindness and generosity.

He turned many physicians from the errors of the old school, and

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\* Dr. Jabez Dake and Dr. D. M. Dake, Nunda, N. Y.



proved himself a most successful propagandist of the new faith. Among his own relatives he had the pleasure of seeing more than a score in the practice of homœopathy, all directly or indirectly led there by his influence and example. No amount of opposition could conquer, and no accumulation of obstacles could check his enthusiasm, or prevent his onward march.

He had but one child, a son, Dr. D. C. Dake, now practicing in the West.

From American Journal of Homœopathic Materia Medica.

### REPORT OF SURGICAL OPERATIONS

Performed in connection with the clinic of the Hahnemann Medical College of Philadelphia, from date of last report, August 1st, 1871, by MALCOLM MACFARLAN, M.D., Professor of Clinical Surgery.

Removal of stone in bladder, by perineal lithotomy, lateral incision, . . . . .	1	Removal of erectile tumors and nævi in children by excision, the écraseur, and other means, . . .	4
Removal of fibrous tumors from the neck, . . . . .	2	Slitting canaliculus and dilatation of the nasal duct, . . . . .	10
Removal of cystic and encephaloid tumors from the neck, . . . . .	3	Removal of very large fatty tumors in negroes, . . . . .	3
Removal of a cysto-sarcomatous tumor, at patient's residence, before summer course students; weight of fluid, 44 lbs., weight of solid substance, 12 lbs., total, 56 lbs., . .	1	Removal of fibro-plastic tumor from a negro, by écraseur, . . . . .	1
Tapping the abdomen in ascites and ovarian dropsy, . . . . .	3	Excision of small tumors of eyelid, . . . . .	3
Operations for hare-lip, . . . . .	2	Operations for entropion and ectropion, . . . . .	3
Emptying the sac and operations for the radical cure of hydrocele, . . . . .	6	Operations for strabismus, . . . . .	3
Operations for phimosis and paraphimosis, . . . . .	3	Insertion of artificial eye, . . . . .	1
Removal of nasal polypi, . . . . .	4	Iridectomy for glaucoma, . . . . .	1
Catheterization of the Eustachian tube, . . . . .	2	Excision of diseased or distorted nasal septum, . . . . .	2
Illustrating the use of instruments and manner of cure of organic stricture of the urethra by gradual dilatation, . . . . .	5	Von Graefe's operation for hard cataract, . . . . .	5
Excision of a large cicatrix on the neck and plastic operation, . . .	1	Dilatation of the œsophagus for spasmodic stricture, . . . . .	1
Ranula, . . . . .	1	Excision of mammary gland for scirrhus or hard cancer, . . . . .	2
Ganglion and enlarged bursa, . . .	3	Tapping the chest for hydrothorax, . . . . .	1
Division of the tendons in clubfoot, and application of apparatus, . .	1	Operation for the radical cure of inguinal hernia, . . . . .	1
Removal of fingers, separately, . . .	4	Herniotomy for large irreducible inguinal hernia, . . . . .	1
Operations for fistula of the anus, .	3	Herniotomy in strangulated large umbilical hernia, . . . . .	1
Operation for fissure of the anus, .	1	Hematocele, . . . . .	1
Operation for urethral fistula, . . .	1	Removal of testicle for cystic disease, . . . . .	1
Removal of epithelioma from the lip, . . . . .	1	Ligation of veins in varicocele, . .	1
Application of dressing in fractured clavicle, . . . . .	5	Fracture of the femur, . . . . .	1
Division of tendons in contracted muscles in hip-joint disease, and application of apparatus, . . . . .	2	Fracture of the tibia, . . . . .	1
Reduction of dislocation of the humerus, . . . . .	4	Removal of pistol-ball in palm of the hand, . . . . .	1
Fracture of the radius, . . . . .	2	Psoas abscess, . . . . .	1
Removal of sebaceous tumors, . . .	6	Encysted hydrocele in children, . .	2
		Removal of eyeball in a child for encephaloid disease, . . . . .	1
		Operations for staphyloma, . . . . .	2



## GLEANINGS FROM EXCHANGES.

IN the *Northwestern Med. and Surg. Journal*, August, two cases of opium poisoning successfully treated, are reported; being extracts from other journals. In both cases life was saved mainly by prolonged artificial respiration. In the first case six grains of morphia were taken. A hypodermic injection of atropine was given, and Sylvester's method resorted to; with these modifications, that the pillow was placed under the shoulders, instead of under the "shoulders and head," and the tongue was held forward. The process of artificial respiration was continued "at the rate of fourteen per minute, for six hours and a half, when our hopes were realized and labor rewarded." "In about five minutes after the atropine had been used, the pupils became dilated and the temperature of the body elevated." In the second case one and a half ounces of laudanum were taken, most of which was absorbed. The hypodermic injection of one-sixteenth of a grain of atropine dilated the pupils widely, but had no effect on the pulse, respiration, or color of the skin. The magneto-electric and Faradaic currents were each found more useful for being intermitted and alternated. By far the most important agent used was artificial respiration by Sylvester's method, with an occasional change to that recommended by Dr. Howard. (See Transactions of Am. Med. Association, 1871.) Another case is alluded to in which a woman took five grains of morphia, and was restored after a steady perseverance in artificial respiration for an hour and a half. In this case atropia and electricity were not used.

IN our September issue, we alluded to the rediscovery of the virtues of *Paullinia sorbilis* by Dr. Wilks, of London. In this connection we have received the following communication:

EDITOR HAHNEMANNIAN MONTHLY.

DEAR SIR: In regard to the "rediscovery" of the virtues of *Paullinia sorbilis*, allow me to remark that I first prescribed it for a patient as far back as the autumn of 1861. At that time I found it being experimented with in the general hospital at Vienna. I sent a preparation of it home, and it proved wonderfully effective in an old case of sick headache. Since that time it has been used pretty freely here, especially by the allopathic school.

H. C. ANGELL.

16 BEACON STREET, BOSTON, Sept. 12th, 1872.

DR. HILTON FAGGE, of Guy's (*Lancet*, July 27th), records a case of intestinal obstruction where, after every means had been tried, with a futile result, relief was obtained by giving a large injection, per rectum, closing the anus by the fingers, and then carefully but firmly kneading the abdomen. Broken-down faeces came off in large quantity. The same thing was repeated a second time, with complete relief to the patient.—*Monthly Homoeopathic Review*, August.

DR. HENRY A. MARTIN, of Boston, says he has never seen the second case of variolous disease in families where all the other members had been vaccinated within four days after their exposure to the contagion. He

also regards Meigs's warning against vaccinating pregnant women as not worthy of being regarded, experience having proven that there is no detriment from vaccination under this circumstance.—*Gynæcological Journal*, August.

PEPSIN is of considerable value in the treatment of indigestion in its various forms, and particularly in cholera infantum, or summer complaints. It acts as a powerful auxiliary to homœopathic medicines, and will of itself be found efficient to cure many cases of uncomplicated dyspepsia. Much of the loss of reputation of this remedy is doubtless due to the sale of entirely useless preparations. It is a matter of importance, therefore, that E. Scheffer, an expert chemist, who studied under and became assistant to the celebrated Gmelin, of Tübingen, has discovered a method of preparation whereby the peculiar properties of pepsin are perfectly preserved, in the form of powder, as specimens examined after twelve months proved to have lost nothing of their strength.

In an elaborate paper in the *American Journal of Pharmacy*, he gives the results of numerous experiments with reference to the preparation and properties of a pure and reliable pepsin. The method he employs for separating the digestive principle from the extraneous matters with which it is associated commends itself by its simplicity, while it affords a product free from all objectionable impurities, and possessing in an eminent degree the solvent powers of the natural gastric juice. This process depends upon the insolubility of pepsin in strong saline solutions, and especially in a solution of common salt. The mucous membrane of the well-cleaned hog-stomach is dissected off, chopped finely, and macerated for several days, with frequent stirring, in water acidulated with muriatic acid. The resulting liquid is strained, and if not clear, is set aside for twenty-four hours to permit the mucus to settle. An equal volume of a saturated solution of common salt is then added to the clear fluid, when the pepsin is removed with a spoon, and put upon cotton cloth to drain. Finally, it is submitted to strong pressure to free it, as far as possible, from the saline solution. When removed from the press, and dried by spontaneous evaporation, this pepsin is a tough substance, resembling in thin sheets, parchment paper, of a color varying from dim straw-yellow to a brownish-yellow.

For convenience in dispensing, the pepsin, fresh from the press, is triturated to a fine powder, with a weighed quantity of sugar of milk. This powder is reweighed after having become air dry, and the amount of pepsin it contains is ascertained by deducting the weight of the milk sugar employed. Finally, the strength of the powder is determined by ascertaining how much coagulated albumen it will dissolve at a temperature of 100° Fahr. in five or six hours, and sufficient sugar of milk is then added to result in a preparation of a certain definite standard strength, and this preparation it is proposed to introduce into general use, under the name of saccharated pepsin. Ten grains of this saccharated pepsin will dissolve 120 grains of coagulated albumen at 100° Fahr. Dose for adults: two to five grains taken before each meal, dry, on the tongue.

Alcohol, in all proportions, and under all circumstances, diminishes the solvent power of pepsin. If the amount is greater than twenty per cent. of the fluid, the albumen is scarcely acted on at all, but acquires the peculiar sour odor which characterizes the discharges from a stomach overloaded with beer or wine.

It may not be out of place to mention here that Scheffer's "Saccharated Pepsin" is on sale at the establishments of Messrs. Boericke & Tafel.

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## PUBLICATIONS RECEIVED.

**MORBUS BRIGHTII.** By Joseph Buchner, M.D., &c., &c. Translated by S. Lilienthal, M.D. New York and Philadelphia: Boericke & Tafel, 1872, pp. 148.

The great and apparently increasing prevalence of Bright's disease of the kidneys, and the general unsatisfactory character and barren results even of homœopathic medical treatment, lead one to hail with pleasure the appearance of a monograph prepared by a practitioner so able and experienced as Buchner, in which the details of his experience are plainly and pointedly set forth.

The aim of the author in preparing this work has been to present a study of the differential diagnosis of Bright's disease in a scientific and practical manner, and to show the value of remedies selected for its cure in accordance with the homœopathic law. How far he has succeeded must be judged, as he himself suggests, by every candid observer for himself. The *rationale*, so to speak, of the book is so plainly set forth in the opening paragraphs, that a few selections will exhibit the views of the author; views which will meet a hearty indorsement from a very large majority of physicians. Thus he says: "Superficially considered, symptoms and their causes appear equivalent to organic alterations; but thus the knowledge of the adjectives of the disease, Grauvogl's constitution, becomes difficult, as it can only be safely determined from the subjective phenomena. We therefore take the symptoms collectively, the organic lesions in their unity. A consideration, *e. g.*, of the different exudations in lungs and pleura, will explain my meaning. Although the exudation is the essence of the inflammation, the quality of it does not depend on the disease, but on the state of the patient, and thus forms a further link in our diagnosis of great importance in the selection of the remedy, and which we call the adjectivism of the disease. In the various forms of renal degeneration the same relation takes place. . . . Apparently similar states, which from an anatomical standpoint, might be declared identical, are, clinically considered, extremely different. Inflammations in fibrinous, anæmic patients, run a different course from what they do in albuminous, gelatinous ones; every form, therefore, needs different remedies."

Our author, then, plainly insists upon a taking into account, in a given

case of disease, all the phenomena peculiar to the disease, and all the phenomena peculiar to the patient, and demands the assistance of pathology, pathological anatomy, and a knowledge of constitutional peculiarities—or, in other words, generalization and individualization are regarded as the factors of a proper diagnosis of the disease, of the case, and of the remedy. In the paragraph succeeding the above, he thus formulates this view of the art of prescribing, in the following words:

“A homœopathic physician must diagnose far more accurately than he who treats on a general plan, and prescribes organ-remedies or specifics; we *must* find the homœopathic remedy, a unity ideal, real and principal. The modalities of the disease are important, and allow us with more ease to find the object of the disease; but they do not form the adjectivum, being only a part of it, which is composed of the patient, his objective symptoms, and their causes. Our chief labor consists, therefore, in rendering serviceable in practice every progress of theoretical science, by establishing a differential diagnosis of the disease, and of the idiopathic remedy, which can only be done by the physiological experiment with remedies.”

This is sound doctrine, logically, though heavily put, and is sufficient of itself to command a further perusal of the book. It will be found, then, that our author opens with a history of Bright's disease, or rather of its literature, followed by chapters on the vital importance of the renal functions; on the frequency and duration of the disease, its pathological anatomy, character, etiology, statistics, diagnosis, prognosis, symptoms, and course, diet, prophylaxis, and therapeutics. The last chapter is of course the most important to the homœopathic practitioner, and it suffices to say, of all that precedes it, that it is all that can be desired.

In regard to therapeutics, our author lays down as the most important remedies the following: Turpentine, Arsenic, Phosphorus, Cuprum, Aurum, and their different combinations, Belladonna, Bryonia, and Colchicum, and other remedies for secondary troubles. In inquiring into the adaptability of these various remedies to the treatment of the disease itself, and in giving their indications, our author proceeds, in a philosophical manner, to discuss the action of each upon the organism, and particularly upon the kidneys; and in addition to this, gives the symptoms resembling those of *Morbus Brightii*, to be found under the already existing pathogenesis of each, as recorded in our works on *Materia Medica*. In this way the practitioner can judge for himself whether the medicines recommended are likely to be of any use in the treatment of the nephritic lesion, or only palliative of the general, or of some special condition. And thus, too, the practitioner will be prevented from prescribing, or rather will not be induced to prescribe remedies with the expectation of producing a cure, which have but a fancied similarity in their pathogenesis to the sum total of *Morbus Brightii*. We can best illustrate this method of dealing with remedies by quoting a paragraph or two. Thus, for instance, on page 68, in treating of Phosphorus, the author writes as follows:



"We want to draw your attention particularly to these phenomena, because in Eclampsia the question arises, Phosphorus or Arsenic. The solution is simple: Phosphor. in symptoms of cerebral atrophy; Arsen. in œdema cerebri.

"The hundred symptoms recorded in the *Materia Medica* on the action of Phosph. on the eye, clearly prove that not only the uræmic affection of the optic nerves, but also the fatty degeneration of single parts of the retina, or of solitary nervous fibrillæ belong to our remedy, especially when combined with other phenomena, or where we can demonstrate atheroma of the arteries, or of the muscles of the heart. In the latter case we found also intermittent fever, for which Quinine is of no benefit, but which will be cured by Phosph.

"Other reasons lead us to the application of *Phosphoric acid*. The disease is more procrastinating than chronic, with the character of excessive torpidity; the crisis is, so to say, not hydræmic, not aglobulous, but melanotic, similar to scurvy and typhus stupidus, as they may arise in relaxed, thin-walled and expanded hearts, and in drunkards, where we find far more frequently atheromatous arteries and petechiæ, than ossifications and indurations. The beginning of such renal degeneration is very lingering, concealed, mistaken for everything else, frequently simulating typhoid fevers, but considering the utmost indifference towards all and everything; the dull behavior, even with delirium; and the apathy to eating and drinking lasting for weeks. A strict examination of the urine; the frequent vomiting and the nausea; the rare somnolency; the loose and bleeding gums; the sensitiveness of the renal region, though only slight in many cases, with the absence of the splenic tumor, and painfulness in the cæcum, will lead us to diagnose a parenchymatous degeneration of the renal tissue (nephritis). The urine contains phosphate of lime, fatty globules, fibrinous and epithelial detritus, rarely carbonate of ammonia, and never much albumen. The bowels are always very inactive, and we have none or light yellow diarrhœa (as in the so-called cholera-typhoid); no fever; no heat; no reactionary symptoms; sallow, cool skin; cool perspiration; urine like whey, then fawn-colored, finally like lemonade, with larger quantities of albumen, and appetite returns. Œdema and hydrops are absent, but hypostatic pneumonia may be present. Prognosis rarely hopeless for this form of the disease."

The work likewise contains a valuable chapter on Uræmia and its treatment, together with reference to other disordered conditions of the urinary secretive organs. An appendix has been added by the translator, in which he briefly reviews the claims of certain new remedies for consideration in the treatment of the disease. Thus he passes in review *Apis*, *Apocynum can.*, *Caulophyllum*, *Chimaphila*, *Eupatorium purp.*, *Helonias dioica*, *Uranium nitricum*, *Phytolacca dec.*, &c., &c.

We are indebted to the translator for making this valuable brochure available. He has done his work well in the main, although there are passages in the book that are somewhat obscure, owing to the difficulty of

rendering into pure English some of the heavy periods of the German original. The imprint of Boericke & Tafel is a sufficient guarantee that the book is put up in good style. It is faulty in this, however, that it has neither table of contents nor index.

MICHIGAN QUARTERLY JOURNAL OF HOMŒOPATHY. Conducted by the Faculty of the Detroit Homœopathic Medical College, July, 1872.

To this new homœopathic periodical we extend a cordial welcome, as it comes to *make* and take its place with those already established. It is small, and its editors, like the rest of the fraternity when beginning, are a little new and strange to the office. But it comes from the West, *where men and other things grow*; where its conductors will learn by experience, and by patient, persevering labor, may make their journal ere long what we hope to see it—an able and influential advocate of homœopathy. The initial number contains, besides the valedictory of Professor Younghusband and other matters, a paper on the *Dose*—the first of a series—by Dr. J. H. P. Frost. These papers, by our former colleague, are very carefully and thoroughly studied, are ably written, and will be read with interest. The editors of the new journal have our best wishes for their success in this enterprise, and this they will be most sure to obtain by sedulously avoiding personal display and controversy, and by rendering every page of their journal practically useful.

LUDLAM'S LECTURES ON DISEASES OF WOMEN. Parts iv, v, and vi. Full notice of this valuable work in November.

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#### VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY SAMUEL WORCESTER, M.D., SECRETARY.

THE Twenty-Second Annual Meeting of this Society was held in the Statehouse at Montpelier, on Thursday, June 13th, about thirty members being present. The meeting was called to order at half past nine by the President, J. H. Jones, M.D., of Bradford, and prayer was offered by Rev. A. D. McCoy.

The minutes of the last meeting were read by the Secretary, and the following persons were elected members of the Society upon recommendation of the Censors: W. G. Pope, of St. Johnsbury; H. C. Brigham, of Northfield; Newton Peck, West Cornwall; F. E. Dow, West Concord; A. D. Smith, of Lyndonville; also the following undergraduates as associate members: Henry Wilcox, F. S. Worcester, and Charles Flanders. During the absence of the Censors, Dr. A. M. Cushing, of Lynn, Mass., and Dr. H. A. Houghton, of Keeseville, N. Y., presented their credentials as delegates from their respective State Societies, and were invited to take part in the Society's proceedings.

The report from the Bureau of Clinical Medicine was then called up, and cases reported. Dr. M. G. Houghton, of St. Johnsbury, reported a

case of dry, hacking cough; aggravated at 4 P.M.; cured by *Lycopodium*<sup>200</sup>. Hysterical convulsions, 22 in 24 hours, with fever; completely relieved by *Gelsemium* in an hour. Cholera infantum, with vomiting and purging, stools every ten or fifteen minutes, dark, yellow, and greenish, also cramps; *Verat. alb.* relieved the patient, but on the fourth day was worse, eyes half open when asleep, rolling of head, &c.; *Pod.*<sup>2</sup> caused a rapid recovery. Diphtheritic sore throat, deposit on right tonsil, worse after sleep; cured by *Lachesis*. Dentition, trouble growing worse under use of *Bell.*, *Cham.*, &c.; but noticing that the child was feverish, and disliked being even looked at, gave *Ant. crud.*<sup>200</sup>, which cured.

A long and interesting discussion upon scarlatina followed.

Dr. Houghton said that it had raged epidemically in his vicinity, but not in a very malignant form; found that he was very frequently obliged to use *Aconite*, and could only account for it by the prevalence of strong north winds; generally used *Apis*, *Bell.*, and *Allium cepa*; and when the rash did not come out well, found *Gels.* of service.

Dr. J. H. Jones had a few cases of malignant scarlet fever, which died in 36 or 48 hours; he considered them to be rather cases of cerebro-spinal meningitis.

Dr. H. N. Brigham made a few remarks, giving a summary of the discussion at the American Institute, showing that a peculiar genus epidemicus has prevailed the past year; in the Western country appearing as cerebro-spinal meningitis; in the Middle States and part of New England as small-pox and scarlatina; and along the Connecticut River Valley as scarlatina and cerebro-spinal meningitis, the disease showing a tendency to combine the various forms, and seeming to be owing to a deterioration of the corpuscles of the blood, which overwhelmed the vital powers. He also quoted Dr. Baer to show that the most appropriate remedies would be *Apis*, *Laches.*, *Arsen.*, and others of that class.

Drs. Jones, Currier, Arthur, and Parkhurst gave their experience, and also reported cases of interest.

The Bureau of Obstetrics being called up, Dr. Sparhawk related a case of uterine hydatids.

Dr. Houghton, of Keeseville, related a case of puerperal convulsion, cured by *Secale* and *Belladonna*.

The discussion of this subject was participated in by Drs. Cushing, Scott, and others. Several of the gentlemen expressed their views as to the utility of giving remedies preparatory to parturition, and the opinion of the Society seemed to be in favor of giving *Caulophyllum* or *Cimicifuga*, or both, for a month or two prior to the time of expected labor.

#### AFTERNOON SESSION.

Dr. Thomas, of Stowe, presented the case of his son for investigation and advice. This was referred to a committee.

Dr. C. B. Currier reported a case of extra uterine pregnancy occurring in right ovary.

Bureau of High Potencies presented no report.

The Bureau of Surgery presented quite a full report.

Dr. Van Deusen reported the history of a case of malignant tumor, or medullary cancer, occurring in the mesentery; the morbid growth, which was extirpated after death, was shown to the Society.

Drs. Peck, Parkhurst, and Jones reported cases of sarcoma, after which an interesting discussion upon the subject followed.

Dr. Currier reported a case of removal of half the clavicle and part of the sternum for a bony tumor, which proceeded to suppuration; the patient made a good recovery.

Dr. H. N. Brigham related a case of amputation at the ankle-joint, followed by rapid recovery.

Dr. Houghton gave the case of a man who had compound comminuted fracture at elbow-joint, from being jammed between two cars. Gave chloroform, and enlarging the opening removed the loose portions; a gutta-percha splint was applied, and a good recovery followed, with some mobility of joint.

Dr. Currier advised the use of *Calendula* as a dressing for cut wounds; and for offensive ulcerations he uses *Bromo-chloralum*.

Drs. Sparhawk and Worcester related cases of hernia, cured by the appropriate remedy.

Dr. Jones reported a case of supposed strangulated hernia, and as such was to be operated upon by an allopathic surgeon, with faint hopes of success. Dr. Jones, however, diagnosed intussusception of the intestine, with drawing up of the right testicle, and under the use of *Nux*<sup>200</sup> and *Opium*<sup>200</sup>, a rapid recovery followed.

Other reports were handed in, showing a satisfactory state of homœopathic surgery.

The Bureaus of Provings and Uterine Diseases presented no report.

Drs. Currier, Hill, and McDuffee were appointed a Committee on Nominations.

Dr. Cushing, of Lynn, delegate from the Massachusetts Homœopathic Medical Society, addressed the meeting, and gave an account of the progress homœopathy was making in his State. He also referred to the futile efforts made to expel the homœopathic members of the Massachusetts Medical Society, which recently culminated in the Homœopathic Hospital Fair held in Boston, at which over \$80,000 were realized.

Dr. H. A. Houghton, formerly of Vermont, but now of Keeseville, N. Y., delegate from the New York State Homœopathic Medical Society, of which he is also President, next addressed the meeting. He referred to the early history of homœopathy in Vermont, when he with three or four others met at St. Johnsbury, and formed the "Green Mountain State Medical Association," and now he felt proud to see the condition of homœopathy in his native State. Vermont now has seventy regular



practitioners, giving to the inhabitants about one physician to every five thousand persons, a greater proportion than any other State in the Union.

Rev. A. D. McCoy gave a very instructive account of his experience at the South in Asiatic cholera and yellow fever, demonstrating by facts the superiority of homœopathy.

The Committee on Nominations presented the following report, which was accepted:

*President*—G. N. Brigham, of Montpelier.

*Vice-President*—C. H. Chamberlin, of Barre.

*Corresponding Secretary*—A. A. Arthur, of Vergennes.

*Recording Secretary*—G. E. E. Sparhawk, of Gaysville.

*Treasurer*—C. B. Currier, of Middlebury.

*Censors*—M. G. Houghton, St. Johnsbury; J. H. Jones, Bradford; J. M. McDuffee, of Derby.

*Auditors*—J. G. Peck, of Derby; Samuel Worcester, of Burlington.

Dr. Jones made a short address on retiring from the chair. Dr. Brigham then assumed office, and appointed the various bureaus; also as delegates, J. H. Jones to New York; G. E. E. Sparhawk to New Hampshire; and C. B. Currier to Massachusetts.

A committee of three was appointed to prepare the history of homœopathy in the State, also to procure the photographs of the various physicians.

Dr. Houghton, of Keeseville, N. Y., then promised to the Society a photograph album to contain one hundred pictures, and the Society returned thanks by a rising vote.

Dr. Peck, of Derby, offered an amendment to the constitution, to the effect that the annual meeting shall be held on the second Wednesday in June. Under the rules this was laid upon the table for a year.

Dr. Worcester, of Burlington, moved the addition of a Bureau of Psychology, which was accepted.

After which the Society adjourned to meet at Montpelier on the second Wednesday of June, 1873.

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## HOMŒOPATHIC MEDICAL SOCIETY OF ALLEGHANY COUNTY, PA.

REPORTED BY J. H. McCLELLAND, M.D., SECRETARY.

C. C. RINEHART, ASSISTANT.

HOMŒOPATHIC HOSPITAL, PITTSBURG, May 10th, 1872.

THE meeting was called to order by the President, Dr. J. F. Cooper.

Present: Drs. J. F. Cooper, McClelland, Burgher, Coté, Childs, Rousseau, Elblein, McIntyre, Boardman, Hoffmann, Scip, Cowley, H. W. Fulton, and associate members Buffum, Chantler, Rinehart. Visitor, Dr. Cotant.

Minutes of last meeting read and approved.

Board of Censors reported favorably on application for active membership of Dr. H. W. Fulton.

Report of Board of Censors accepted, and Dr. H. W. Fulton duly elected.

Dr. Cooper reported that he had not had opportunity to elaborate his paper on disinfectants, and claimed the indulgence of the Society.

Dr. McClelland moved that the report of Dr. Cooper be received, and that he be continued. Seconded and carried.

Dr. Childs asked privilege to correct his statement made at last meeting, in which he had said that an allopathic physician had remarked to him that Bromo-chloralum was a humbug. He had seen the physician spoken of since, and he explained that reference was then made to *Chloralum*, and was not about Bromo-chloralum. He also showed a specimen which he had received from Dr. McClelland. It was a four months' foetus, which was upon the verge of putrefaction when he received it. The use of Bromo-chloralum had entirely arrested the process. He said also that Mr. Sampson the undertaker was now using Bromo-chloralum altogether, and he found it gave better satisfaction than anything he had ever used. He had heretofore been using a preparation of Arsenic, but Bromo-chloralum had entirely superseded it. He had used it himself in some cases, and it had given perfect satisfaction, entirely preventing any smell, and arresting the process of putrefaction. He had requested associate member Buffum to make an analysis of Bromo-chloralum and some other disinfectants, which was done, and he presented the paper, requesting Mr. Buffum to read it, remarking that he was greatly indebted to him for his labors.

Mr. Buffum then read the following paper:

#### *On Disinfectants.*

The subject of disinfectants being under discussion by the Society, and various opinions as to the composition of the lately discovered disinfectant, Bromo-chloralum, being advanced, and doubting the existence of Bromine in the solution, I was led to make the following chemical analysis of the liquid.

The Bromo-chloralum is a saturated solution, of a greenish color, acid reaction, and on evaporating to dryness a dirty white colored salt is procured, which rapidly deliquesces in the atmosphere. The acidity of the solution being due to the presence of hydrochloric acid, chlorine gas being evolved when a little black oxide of manganese is added to a portion of the Bromo-chloralum.

Baric nitrate being added to a portion of the solution gave a white precipitate of sulphate of barium, not soluble in nitric acid on boiling, thus presenting proof of sulphate in the solution.

The original solution was then tested for chlorides by adding a solution of nitrate of silver; a white curdy precipitate of chloride of silver

fell, not dissolved in nitric acid on boiling, but quickly dissolved on the addition of ammonia after pouring off the nitric acid. Chlorides were found in abundance.

Tests were now made as follows for the detection of bromine or bromides in the solution. Using the nitrate of silver as above for the test for chlorides, the bromide of silver had it formed would have been only slightly soluble in ammonia, whereas the precipitate was readily dissolved by this reagent; the precipitate also would have been yellowish-white, the chloride being pure white.

Second test.—To a portion of the solution a few bubbles of chlorine gas were added to liberate the bromine, a few drops of chloroform were added to dissolve the bromine if there; ether was also added in place of chloroform without the slightest change of color in either case. Had that element been present, the solution would have had a distinct yellow, reddish-yellow, or red color, according to the amount of bromine present.

A third test was made by liberating the bromine from the bromide by the cautious addition of chlorine gas (that the colorless chloride of bromine might not be formed); a few drops of cold starch was added, no yellow "bromide of starch" being formed.

With all these tests for bromine, being performed with all the care possible and repeated several times, the bromides or bromine were not to be found. To prove the accuracy of these tests the comparative tests were made with small quantities of the bromides of ammonium and potassium in solution which were satisfactory.

The following is the manner in which the analysis was continued for any other metallic elements the solution might contain:

A diluted solution of Bromo-chloralum being taken, hydrate of ammonia added, a copious white gelatinous precipitate fell (indicating aluminum); then to this hydrosulphuret of ammonia was added, giving a black precipitate (indicating iron). Filtering and reserving the filtrate for the time, the precipitate was washed, dissolved in hydrochloric acid, a few drops of nitric acid added, and the iron again precipitated by the addition of caustic potash, stirring the solution and filtering; the precipitate thrown away, and the original solution tested for iron by adding ferricyanide of potassium, a dark blue precipitate was formed, showing the presence of a ferrous salt. Neutralizing the filtrate with hydrochloric acid and ammonia added, a copious white precipitate of aluminum hydrate fell. Filtering to remove the aluminum, ammonio-sulphide was added to the filtrate, gave no precipitate, no zinc present.

To the first filtrate which had been reserved carbonate of ammonia was now added; a white precipitate (indicating either barium or calcium), boiled and filtered, dissolved the precipitate in acetic acid, added neutral chromate of potash, and found no barium; oxalate of ammonium was added, a white precipitate formed, showing calcium to be present. To the filtrate last obtained a solution of phosphate of ammonia was added; a white precipitate fell (indicating magnesium).

The loop-end of a platinum wire was dipped into the original solution, and placed in the colorless flame of a Bunsen burner, when the characteristic intense yellow color was imparted to the flame, giving abundant proof of the presence of sodium; a deposit of alumina formed on the loop.

Summing up these several results, we find in the Bromo-chloralum:

Chlorides,	} in abundance.
Alumina,	
Sulphates,	} more than traces of these elements.
Ferrum,	
Calcium,	} traces.
Magnesium,	
Sodium,	

Since making this analysis, I have read Prof. Baker's essay on disinfectants, wherein he states that Bromo-chloralum is an aqueous solution of the double bromide and chloride of aluminum, with unimportant traces of iron, magnesium, and calcium.

His "first experiment was made by submitting a portion of the Bromo-chloralum to distillation in a retort immersed in an oil bath at 265° F.

"This comparatively low temperature was sufficient to break up the compound and decompose a portion of the water.

"The hydrogen of the decomposed water united with the bromine and chlorine, forming hydrobromic and hydrochloric acids, which were expelled and passed to the receiver, while the oxygen of said water combined with the aluminum, forming alumina, and this was left behind in the retort."

I also went through this process, but failed to find the hydrobromic acid in the receiver.

In making the tests several different packages of the preparation were successively tested to allow for errors in the preparation.

*Hydrate of phenyl* ( $C_6H_5HO$ ), or phenic alcohol, or phenol, is the phenic acid or carboic acid of commerce. A colorless crystalline substance obtained from coal-tar oil by fractional distillation and subsequent purification. At temperatures above 95° F. is an oily liquid, only slightly soluble in water, but readily dissolved by alcohol, ether, and glycerine. In odor, taste, and solubility (and in appearance when liquefied by heat, or by the addition of 5 per cent. of water), it resembles creasote ( $C_8H_{10}O_2$ ), which is the product of the distillation of wood-tar.

Carboic acid boils at 370°, while creasote dries up at 212°. Carboic acid does not affect a ray of polarized light; creasote twists it to the right. Carboic acid is now obtained in the manufacture of coal gas. Antidote to large doses, olive and castor oil freely. Both readily coagulate albumen.

*Chlorine* readily decomposes noxious gases, and hence is one of the most powerful of the deodorizers. Used in excess it arrests and prevents putrefaction, and hence is a good disinfectant.



*Burnett's Fluid*—chloride of zinc—owes its disinfecting properties to its affinity for water. Application direct.

*Chlorinated lime* exposed to the air and moisture, as in disinfecting sick-rooms, slowly yields hypochlorous acid ( $\text{H.Cl.O.}$ ). Free hypochlorous acid soon breaks up into water, chloric acid ( $\text{H.Cl.O}_3$ ), and free chlorine; the chloric acid being unstable is decomposed into oxygen, water, chlorine, and perchloride acid ( $\text{H.Cl.O}_4$ ). The small quantity of hypochlorous acid diffused through an apartment when bleaching-powder is exposed thus yields  $\frac{1}{3}$  of its chlorine in the form of chlorine gas.

"*Condy's Disinfecting Fluid.*"—Manganate and permanganate of potassium in solution yield their oxygen to organic matter. They act by oxidizing the organic matter, the manganic or permanganic radical being reduced to black manganic oxide or even a lower oxide.

*Phenol Sodique.*—A solution of creasote and chloride of sodium; antiseptic and disinfectant; much used by the French; possessing the odor of creasote, being volatile to some extent.

*Ledoyen's Disinfecting Fluid* is a solution of nitrate of lead, in the proportion of a drachm to an ounce. It decomposes hydrosulphate of ammonia and sulphuretted hydrogen, and hence is very useful in the correction of fetid odors dependent upon the presence of these gases. A solution is made, and may be sprinkled in the apartments or mixed with the offensive discharges to correct the odors therefrom. It will not prevent putrefaction of animal substances.

*Ozone.*—This natural disinfectant is artificially prepared by using two parts of permanganate of potash to three parts of strong sulphuric acid, and thrown into the apartment to be disinfected.

#### Discussion.

Dr. Seip had made use of bromo-chloralum in a case of varicose ulcer. The most fetid discharge from his patient, however, was from the vagina, resembling the odor from dead horses that had lain for some time upon the battle-field. He had used carbolic acid in different strengths, but it had absolutely failed, and was of little or no service. The bromo-chloralum when first tried seemed also to be a failure, but he had it now in use, and it was giving better satisfaction. He had used it diluted as a wash.

Dr. Childs said he had always used it pure, but it was on the dead subject.

Dr. McClelland asked what remedies were used in the case of Dr. Seip's.

Dr. Seip. *Arsenicum.*

(*Lachesis* was suggested.)

Dr. Burgher presented some extracts from an article headed, "Disinfecting and Disinfectants," from the *Journal of Popular Science*, giving a general idea of the cause which makes disinfectants necessary; the uses and abuses of the different disinfecting agents; together with a

description of the best in use. The merits and demerits of chloride of lime, carbolic acid, chloride of zinc, were elaborately discussed. The permanganate of potash and sodium were also enlarged upon. The fullest meed of praise, however, was given to bromo-chloralum, which was conceded to be the best disinfectant known.

Dr. Childs said he had found it better in disinfecting rooms to dilute the bromo-chloralum one-half.

Dr. Cowley referred to the use of the powdered clay as a disinfectant.

Dr. Boardman had had a case of poisoning by carbolic acid solution. He gave castor oil and eggs, which had a beneficial effect. The after effects were removed by Arsenicum.

Dr. Burgher said that vegetable oils were not antidotes to carbolic acid, although they had a modifying influence. The saccharate of lime was said to be a reliable antidote.

Dr. Boardman read a short paper on *Lilium tigrinum* (see page 106).

Owing to the lateness of the hour discussion on *Lilium* was postponed, and on motion of Dr. McClelland the paper was received, with the thanks of the Society, which were also extended to Mr. J. H. Buffum for his carefully prepared paper.

Dr. Coté moved that a delegate be elected to the American Institute, and urged upon all the importance of attending. He said that excursion tickets could be obtained for all who would attend.

Dr. L. M. Rousseau was elected to represent the Society.

On motion, adjourned.

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## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. MCCLATCHEY, M.D., SECRETARY.

THE September Meeting of the Society was held on Thursday, 12th inst., the President, Dr. Jacob Jeanes, occupying the chair.

The minutes of the last meeting were read and approved.

GEORGE W. KIRK, M.D., of Bristol, was proposed for membership by Dr. Henry N. Martin, and elected under a suspension of the rules.

DR. BUSHROD W. JAMES then made his regular monthly report, as follows:

### NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

*Experiments on Minute Life. (Continued.)*

#### VINEGAR EELS.

13. *Iodine Tincture*, officinal preparation. The quantity used was three drops to about thirty drops of vinegar. This agent killed the eels instantly, but they nearly all died in an arched form instead of straight out as with the carbolic acid.

The eels became colored yellow with the iodine. They all sank to the bottom of the glass in a mass. Another experiment consisted in pouring out all but three or four drops of the liquid, and then filling up the watch-glass with fresh vinegar filled with eels.

A great many died in about two minutes. At the end of five minutes after the liquid was stirred up, only here and there through the liquid could be seen an eel moving. Several were noticed still moving at the end of ten minutes.

Fifteen minutes a few at the outer edge of the liquid still moving vigorously.

The liquid was stirred again, but one or two kept on moving for an hour or more. Two hours later no life existed. Their forms all remained perfect without dissolving.

14. *Permanganate of Potash*. A crystal was thrown into a clean watch-glass with vinegar in it. Half an hour after a few straightened forms were observed motionless, but most of the eels were as active as ever, and moved about in the discolored vinegar as freely as ever. Life active at the end of an hour.

15. *Bromo-chloralum* (the new disinfectant). One drop added every minute until six drops were in, when a few lifeless forms were seen for the first.

Liquid allowed then to stand fifteen minutes longer, and life was as active as ever in all the others. Two hours later no life—forms of eels all perfect.

16. *Caustic Potash Solution*. All died in about three minutes; some were all curled up, and others straight; their bodies were much shrunken. Two hours later the eels were all dissolved, and a brown liquid and of a glutinous consistency was present in the watch-glass. All the glasses in these experiments were exposed to the atmosphere.

17. *Hydrastis Canadensis*. Mother tincture. One drop was added per minute to some vinegar until six were in; no change occurred in the eels, and half an hour later they were living and active. Two hours later the forms had all disappeared as though dissolved into a yellow paste; but evaporation had been going on in the meantime.

18. *Aqua Ammonia*. Six drops were added, one every minute, and then three more all at once. A few were found dead by this time; but as soon as the liquid was stirred, which was done as soon as the last three drops were added, every eel died, almost all assuming a straight line at death.

Two hours later the eels were all visible, dead and straight.

19. *Creasote* did not kill them at first. There was little or no change for a considerable time. An hour and a half later all were dead and straight.

20. *Chlorate of Potash*. No change. Two hours no change. Four hours no change, although the chlorate was recrystallizing.

21. *Bromine Aqueous Solution* was made and thrown into some vinegar. It killed them almost instantly. A few lived in the outer edge of the solution as long as two minutes, but expired with three or four twisting motions. Many were straight and curved, but more were twisted up at death. Four hours their forms were perfect, and not dissolved.

22. *Sugar*, white pulverized. Saturated solution was introduced into vinegar; no perceptible change in the eels. One and a half hours some dead and some active.

23. *Pepsin (American)*. No change up to the first fifteen minutes. Two hours later active.

24. *Saliva*. No destruction of life; the eels seem to get fast in the saliva which became viscid, and would wriggle about in it without making progress onward from point to point as they do in the vinegar.

Two hours later no change. Four hours later no change; life active.

25. *Liquid Rennet*. Half and half, no change. Two hours life active. In four hours some were dead, and partially dissolved.

*Are Offensive Odors always Poisonous?*—All rules seem to have exceptions, as the following article in the *Boston Journal of Chemistry*, under the title of "The Sweet Uses of Sewage," would seem to be to the generally received opinion that the emanations from sewers and decompositions that pour into them are highly detrimental to health. If these are general and not exceptional cases, why need we make such ado about filthy streets, otherwise than their unpleasantness to vision and the sense of smell. The article is as follows:

"We begin to believe there are two sides to every question, however one-sided some of them may seem at first sight. The poisonous nature of air polluted with sewage emanations has been generally taken for granted; but it appears that there is a difference of opinion even on that point. In the British Parliament a report has just been made with regard to the number of persons employed in the sewers under the control of the Metropolitan Board of Works, and the number attacked by fever. Of one hundred and eleven men employed in cleansing and flushing sewers, only four have suffered from fever, though a majority of them have been engaged upon the work from ten to upwards of thirty years. Of the four attacked only one died, and of another it is noted that he 'caught typhus fever from his family,' and not from the sewers. Of the five inspectors—the youngest of whom has been employed in sewer work for nearly a quarter of a century, and the oldest for half a century—none have had fever. But the most remarkable evidence of the salutary effects of sewage is found in the records of the 'men employed as penstock and flagkeepers.' Of forty-two thus engaged only one has suffered from fever, while there is one patriarch, John Spake by name, who is now seventy-five years of age, has spent fifty years of his life among sewage, and has not had one day's illness during



this period. But while contact with sewage in any capacity seems to be a desirable thing, the perfection of health and the fullest degree of longevity are, we gather from the return, to be acquired only by living directly over a sewer. Looking down the list we see that George Mantle, aged forty-nine, has been living for fourteen years over the outfall sewer at Old Ford, and has never had fever. Charles Cousins, aged fifty-two, has lived twenty-five years in the sluice-house over King's Scholars' Pond with similar impunity. W. A. Broughton, aged sixty, has enjoyed a residence in Great St. John's sluice-house for thirty-two years; and George Lester has lived over Duffield sluice for thirty-five years, and lives there now a hale old man of sixty-two. A specially interesting case is of William Johnson, who not only lives over a sewer, but has a penstock at the rear of his dwelling. He had at the date of the return been thus situated for twelve months only, and, as an English journal remarks, 'It is perhaps rather soon to draw general conclusions; but if Mr. Johnson continues to thrive, it may be desirable for the medical faculty to consider whether the monotony of trips to the seaside might not be profitably varied for their patients by the occasional occupancy of a favorably situated sluice-house.' "

*Infections.*—A series of experiments were performed by Fontana, in 1770, on viper poisoning of animals, as follows: He procured 3000 vipers and employed 4000 animals, which were bitten by the vipers in his presence or otherwise subjected to the operation of the poison. From his 6000 experiments he deduced the following results: in many instances, on injecting the poison into the jugular vein of rabbits, the animals cried out the moment the venom entered the vessel, were seized with violent convulsions, and died in two minutes or less.

The blood in all the large vessels and also in the heart and auricles was black and coagulated. The action of the venom and its effect on the blood are almost instantaneous. The color of the blood is suddenly changed, and becomes from bright red to almost immediately black; this effect is succeeded by the sudden coagulation in the heart auricles, liver, and large venous trunks. Thus "the circulation is totally stopped, and the animal dies." The poison of a serpent applied to a naked nerve diffuses its influence with instantaneous rapidity. Dr. Mead says, the bite of a rattlesnake killed a dog in a quarter of a minute. Such is the close connection between the sanguiferous and nervous system, that pain and irritation will effect a change even in the appearance of the blood.

*Well Vaccinated.*—A case is on record of a physician in England who had vaccinated himself four hundred and seventy-seven times. Where patients objected to being vaccinated, he was in the habit of vaccinating himself, to show that it was harmless.

*Calculi Case.*—Here is an almond-shaped urinary calculi about the size of an ordinary peach-kernel, which was passed by the urethra of a gentleman, a patient under my care in July last, and without a great deal of suffering at the time. He had frequent attacks of temporary

stoppage in the flow of urine from the bladder, but never passed any gravel until this occasion. He was just relieved of an attack of renal colic from passage of renal calculi, several attacks of which he has had. *Berberis vulg.* was the remedy he was using at the time.

*Evacuating the Bladder.*—Dr. A. W. Stein in over-distended bladders, or when there is not force enough from muscular contraction to remove all the urine, attaches to the catheter, introduced by means of a gum tube, a rubber bulb compressed. Its slow expansion removes the remaining urine.

*Electricity on Milk.*—We all know the sudden change milk undergoes in souring if a thunderstorm should come up in a warm day. This results when there is a deficiency of positive electricity in the atmosphere. It can be remedied by supplying the milk with an equilibrium in this kind of electricity, and keeping the milk free from noxious odors or impure air, or in atmosphere that is well supplied with oxygen, so that the fungous germs cannot increase very rapidly.

*"A Test for Pus.*—Dr. Day, of Australia, has discovered a very delicate test for pus, which is so easily applied and apparently so certain in its revelations, that we have little doubt it will soon come into daily use as an aid to diagnosis. He prepares his test-fluid by exposing a saturated alcoholic solution of guaiacum to the air until it has absorbed a sufficient quantity of oxygen to give it the property of turning green when placed in contact with iodide of potassium. On moistening the most minute quantity of pus with water, and pouring a drop or two of the test-fluid over it, a clear blue color is produced.

"In connection with this test, Dr. Day has learned some very interesting facts concerning the nature of pus. He finds that healthy pus, when dried, loses its chemical activity, which, however, is restored by moistening it with water; also that pus from persons suffering with erysipelas and allied diseases is more active chemically than healthy pus; also that carbolic acid has the property of destroying the chemical activity of pus entirely and permanently, whether derived from healthy or unhealthy persons."

*Texas Climate.*—Dr. Edwin A. Lodge, who recently travelled from Galveston to San Antonio, a distance through Texas of 350 miles, says of the climate, "that they always have cool, pleasant nights during the hottest summer months. Ice and snow are rare, and of short duration even in the northern part of Western Texas. The mean temperature of the summer months of 1868 was 84.33°, of 1869, 83.01°, and in 1870, 83.43°. During the winter months, 1868, mean temperature, 54.66°, 1869, 52.93°, 1870, 51.30°."

*Datura Arborea* (*Bougmancia Candida*) is a Peruvian plant which grows in California along the coast, and has beautiful white flowers on a plant which reaches sometimes as high as seven feet. Dr. P. W. Poulson, of Council Bluffs, in the June number of the *Medical Investigator*, calls attention to this agent as a remedy in insanity. He thus speaks of its specific

and clinical actions. "*Specific Action.*—To get a clear comprehension of the specific action of *Datura Arborea*, it must be impressed upon the mind of the reader that it acts mostly as a pure dynamic and semi-spiritual agent upon the sensorium, and without any perceptible pain. Its action runs in about four weeks very perceptibly through a great range of its specific sphere, deeply penetrating the nervous life for about fourteen days. And by prolonged proving of the tincture no doubt for a longer period. I have not yet made the tincture subject to any extensive proving, and for that reason can only give a quite limited account of toxicological properties belonging to the *Datura Arborea*. But from what is already known, it is evident that the *Stramonium* has its secondary action on the cerebellum, but the *Datura Arborea* primarily acts upon the whole apparatus of our nervous centres. After bringing the specific action of this remedy in contact with the olfactory nerve sphere by smelling, or by having the tincture brought in contact with the nervous hypoglossus, its action is quick upon the pneumogastric nerve, depressive upon the liver. For a few moments a feeling of stagnation, and of circulation through the vena porta, and a spasmodic contraction of the liver substance, and across the plexus celiacus and solaris. The next series of symptoms is a sharp constrictive pain across the spine in the region pars dorsalis extending upwards to the pars cervicalis into ventriculous quarters, on the lower region of the cerebellum with irritation of nervous accessories. From thence is observed a constriction of the front cerebrum of a convulsive nature, sometimes as if a string was tied close around the head from sinus frontalis to os occipitis. The cramps of both hemispheres (cerebro-frontalis) made me somewhat careful in experimenting more at that time. I believe those contractions of the cerebrum to be caused from an over-stimulation of the corpora olivaria and the corpus rhomboideum in a sympathetic correspondence with the intellectual sphere of the cerebrum.

"But the most interesting are the second group of dynamical effects caused from the tincture of *Datura Arborea*, or where aberration of the mind commences to be sensibly observed. There is beautiful harmony of peace, and longing for beauty, and fine sceneries of nature, sometimes like a semi-clairvoyant. The brain seems floating in thousands of problems and grand ideas, without being able to concentrate itself, or get to any point and carry out any system of thought.

"*Clinical value.*—The *Datura Arborea* would especially be of service where the patient is happy and contented, and supposes himself or herself to be a very extraordinary person, such as emperor, governor, or prince, and cannot discover the contradictions to such assertions claimed of external life. *Datura Arborea* will diminish that property of mind we pronounce the 'concentration of thoughts,' and upon the same principle of similia, will harmonize the brain-life, physically and dynamically, around the central base of the medulla oblongata, and give the cerebrum rest and faculty for concentrating ideas."

The committee appointed at the June meeting of the Society to report on the subject of

#### A MEDICAL LIBRARY

made the following report:

TO THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA:

Your committee, appointed at the last meeting of the Society, to report a plan for raising a Medical Library, to be under the control of the Society, beg leave respectfully to report:

*First.* That in view of the advantages to the profession to be gained by the successful establishment of a Medical Library, and the increased importance and stability the Society would attain through its successful establishment, your committee most heartily recommend that the Society take such steps as are necessary to gain this desideratum.

*Second.* Your committee recommend that measures be at once taken to secure a charter, vesting in the Society the right to receive and hold property, both real and personal, together with such other privileges and franchises as are granted to similar literary and scientific bodies.

*Third.* Your committee recommend that the Society take such measures as are necessary to secure the co-operation of the entire homœopathic profession of Philadelphia in this matter.

*Fourth.* Your committee recommend that the Society consider and adopt a plan for getting books and money, and the establishment of an annual income for the maintenance of a Library.

*Fifth.* Inasmuch as a large collection of books are now in the possession, and constitute a part of the property, of the corporation of Hahnemann Medical College of Philadelphia, which said books would constitute a valuable nucleus for the formation of a complete Medical Library, your committee would urge that the authorities of Hahnemann Medical College be petitioned to make over these books in legal form to the Society when incorporated; and that they be petitioned, at the same time, to grant to the Society the use of appropriate cases in the Museum of the College, for storing these books and others that may be accumulated, said cases to be painted and appropriately lettered at the expense of the Society, and, with their contents, to be under its sole charge.

*Sixth.* And finally, your committee trust that this whole matter will be viewed in the light which its importance demands, be thoroughly discussed, and acted upon with well-matured judgment.

Signed,

A. R. THOMAS,  
R. J. McCLATCHEY,  
SAMUEL BROWN,

Committee.

On motion, the report of the committee was accepted, and after considerable discussion was adopted.

Dr. H. N. MARTIN moved, and it was carried, that the committee be



and are hereby instructed to procure a charter for the Society, to take the measures necessary to secure the co-operation of the profession, to petition the corporation of Hahnemann College, and to report at the next meeting of the Society a financial scheme, for the consideration of the Society.

There being no regular paper, the President announced that miscellaneous discussions would be in order.

Dr. H. N. MARTIN said he had been impressed by the statement made in the Scribe's report, as to the immunity from disease of those who were constantly exposed to the emanations from dirt and filth. He had given this subject much thought, and had made careful observations, and he had come to the conclusion some time ago that dirty streets and imperfect sewerage had nothing whatever to do with the existence of epidemics or the prevalence of disease. Diseases have raged epidemically in the best parts of cities, where the people were wealthy, lived in well-constructed houses, and were not exposed to dirt or filth, while amongst the lower classes, in the dirtiest parts of the city and amongst the dirtiest people, there was no such disease at all, or it prevailed to a very limited extent. He did not indorse the doctrine so commonly preached, that clean streets and sewers are necessary to the healthfulness of a city. He did not wish to be understood as under-estimating personal cleanliness; for, on the contrary, he thought that cleanliness of the skin was necessary to perfect health.

Dr. RICHARD GARDINER said, that in the language of the Friends he would say, that Friend speaks my mind. He could say amen to every word Dr. Martin had said on this subject. He had never seen a case of sickness that he could attribute to dirty streets or bad sewers. He knew an old fellow once who was called "Greasy John," and who was filthy in his habits, and yet he was never sick. He thought that it was well for us to have clean streets and good drainage to carry off filth, but was of the opinion that the cry raised about the influence of dirt on health was false.

Dr. JOHN K. LEE said he was not prepared with statistics and authorities that would enable him to speak on this subject as he would like to do; but he was not willing to let the subject go by without entering his protest against such a doctrine. He thought it ill became a physician of the age and experience of Dr. Gardiner to hold up the doctrine that dirtiness is conducive to health, for that was the doctrine to be drawn from his remarks. (Dr. Gardiner here put in a disclaimer.) He knew of numerous instances where typhoid fever had broken out in such establishments as boarding-schools, and which baffled the physicians until traced to imperfect sewerage, or something of that kind, and which subsided when the cause was removed. No fact is better established than the influence exerted by emanations from decaying animal and vegetable matter upon human health. As to personal cleanliness the pores of the skin are for depurative purposes, and how can the system be cleansed and kept in good condition if these pores are closed by dirt.

Dr. DUDLEY made some allusion to our extremely limited and imperfect knowledge of the causes of disease generally, and particularly of epidemic disease. He instanced the popular notions respecting the causes of cholera infantum, and after pointing out their erroneous character, he said he had no doubt that most of these errors had originated with the profession. A distinguished physician somehow imbibes a notion respecting the cause of a certain disease, and incorporates it in a medical work, which afterwards comes to be regarded as standard and authoritative. How far the influence of sewage and other forms of filth was exerted in the causation of fevers, &c., he would not attempt to say. His observation had led him to the belief, that in the rural districts around us there are more cases of these forms of fever in proportion to population, and worse cases on an average, than in the city itself, though one would expect to find it exactly the reverse.

Dr. LEE.—When typhoid fever most prevails in the country, it will generally be found that the sub-soil is clay, and hence there is defective drainage, and the decayed vegetable matter accumulates in the soil.

Dr. MARTIN.—How can Dr. Lee account for the fact that typhoid fever is more prevalent in Vermont and more malignant than in Philadelphia. They have terrible cases of it there. It breaks out in isolated houses, in the mountain sides, in midwinter, when the ground is covered with snow. He was present during a terrible epidemic of diphtheria in Vermont, and which occurred in midwinter, and in apparently as healthy a place as could be found. It was worse on the hillsides than in the valleys. He was with Dr. Scott, formerly of Lyndon, Vt., and had never seen such cases here as he saw there. He wished to remind Dr. Lee that he had recommended personal cleanliness as beneficial to health in his former remarks.

Dr. B. W. JAMES.—I believe it is generally conceded that we have had a very healthful summer, and yet it is notorious that our streets were never in so bad a condition as regards cleanliness and drainage.

The SECRETARY.—We have not had a healthful summer. On the contrary there has been an unusual amount of sickness, and the mortality has been very heavy. It has not been a busy summer for us homœopathic physicians, because we do not attend much amongst the class of people who made up the great amount of sickness, and these heavy bills of mortality. Our city has been dirty all over, and badly drained all over; but the very poor who have sickened and died in large numbers lived where there was the most dirt and the worst drainage.

Dr. JAMES.—Do you not think that the great heat had something to do with the mortality?

The SECRETARY.—Undoubtedly it had, and so had the dirt and filth, and the foul air, and other things. All of these were factors of the *cause*.

Dr. JAMES did not coincide with the Secretary fully on that point, for the effects of the heat were developed immediately, suddenly, and directly upon susceptible temperaments, bringing about sudden deaths, and violent spells of sickness, different entirely from what arise from the poison-

ous influence of malarial inhalations. Hence although the mortality was large in the early part of the summer, it was not due to any epidemic malarial influence from the emanations alluded to. The debilitating effects of heat must not be forgotten, not only in adults, but also in infants as an exciting cause in the latter of cholera infantum.

The atmosphere in the summer season in our climate is not as fully supplied with oxygen as during the cooler or winter months. So also when these gases from the sewers are blown up through the water-traps into the rooms of houses, they deprive the air of those rooms into which they escape—and in very many instances these are sleeping-rooms,—or rather they displace just so much more of the oxygen of that atmosphere. Hence the cause of sickness is often not from the gases themselves, but from a want of proper supply of oxygen in the air taken into the lungs. Still he did think that some of these gases did contain poisonous material, but not all, and that the water-trap alluded to by a former speaker was no protection whatever against the entrance of them in residences under-drained to the sewer, especially when a strong current of air is blowing up the outlet, for any one familiar with the chemical laboratory well knows that water does not hinder the progress of most gases up through it. The odor may thus be washed out of them but the noxious elements may remain. Hence the costly mansion may not be any more healthy to reside in—thus connected with a sewer—than a hovel which is not so drained. Why then do we find medical men sending their patients to elevated positions to live, or for health, except for the reason that such localities are thought to contain a greater abundance of oxygen, or as they term it “to get pure air.”

In regard to epidemics spending their greatest violence upon a certain street or limited portion of a city, he considered that as these epidemic diseases were produced by diseased germs a greater accumulation of these germs in one house or spot would engender a more violent form of such epidemic, and likewise would extend itself to a greater number of individuals, owing to the greater number of these germs being taken in the system of persons there residing. And as for an epidemic running along a row of houses on one side of the street and not on the other, it can readily be accounted for when the openings between the flues of such houses or their walls is thought of, and more especially the drainage connections as usually made between these houses. There is a scientific solution of this apparently perplexed question in the circle that exists between animal and vegetable life, particularly in the more minute forms of life. Vegetable matter nourishes animal life, and animal matter nourishes vegetable life. Moisture and heat produce a prolific growth of both animal and vegetable life, and the sun's rays act as an agency often in the production of a greater quantity of either the one or the other; for instance, after a storm the minute vegetable life springs up in exuberance when the summer's sun pours down upon these pools of water filled with these microscopic seeds of vegetation, and an abundance of protococcus and other diminutive plants spring up rapidly and

cover the water with what the common mind calls "a green scum." Deprive it now for a few days of the sun by means of cloudy weather, and you find a great quantity of minute animal life produced, which of course must feed upon the vegetable matter growing in such pools of water. Here then we have a continual change, one time a superabundance of animal life and at another a greater amount of vegetable life. Now as some diseases are generated by miasms of a vegetable character and others by infections of an animal nature (leaving out, of course, those that are produced by sudden changes of temperature and other causes), should we not base our investigations into the cause of epidemics and malarious diseases upon the influence exerted by a greater abundance of either the one or the other form of diseased germs, regardless of effluvia. For if minute life has such a circle, so also we may consider that the germs of disease floating in the atmosphere likewise have their circle between animal and vegetable forms, and thus, when the atmosphere is surcharged either with the one or the other, their varied characters give rise to the different diseases and corresponding maladies or epidemics depending upon them for an origin, and that the intervention of sunlight or moisture, or the absence to a greater or less degree of these in the air, doubtless directly influences the propagation or destruction of these germs, somewhat similar to what occurs to microscopic life under these changed atmospheric conditions.

Dr. A. R. THOMAS.—I suppose the truth of the matter, as of most other matters, will be found in a medium view. If experience is worth anything at all, it goes to show that personal cleanliness and plenty of fresh air are conducive to health. This has been proven over and over again in camps, hospitals, &c. But, on the other hand, I agree that bad smells are not necessarily unwholesome. I once spent two years—summer and winter, and I might say day and night—in a dissecting-room, without any detriment to my health; and I never knew of a case of sickness that I could attribute to exposure to the stench of the dissecting-room. Then, again, we have the immunity from sickness of those persons who are habitually exposed to emanations from sewers, &c.

Dr. LEE.—These facts simply show the power of nature to accommodate herself to poisonous influences. We see this well exemplified in the arsenic eater.

The SECRETARY.—I would ask how large a quantity of decayed animal or vegetable matter can be introduced into the system with impunity? Now when the terrible affection we call septicæmia results from a very small quantity of degenerated tissue getting into the blood, can it be that the emanations from similar decayed tissues being constantly breathed can have no effect upon the system? I do not fully indorse the apparent extravagance of Tyndal; but I think if there is one fact in medical science well ascertained, it is that dirt and foul air and filth affect human health and human life seriously.

The Society then adjourned.



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GLANDEROID—ASTHMATIC INFLUENZA—  
HAY FEVER.

BY O. P. BAER, M.D.

As this fever, commonly called *hay fever*, is becoming more and more prevalent in this and adjoining localities, I wish to call the attention of the profession to its peculiar characteristics; not that I am able to relate anything startlingly new, but that I may give my experience and get that of others. It makes its appearance about the middle of August, with a great degree of certainty; and such persons as have been once affected with it, dread its approach with a feeling akin to horror, as it is sure to reappear almost to the day of its first inception, and there is no way of evading it. To be once its slave is equivalent to being indentured to it for life; it is the Tyler *grip* in earnest. Its symptoms are positive, and most completely characteristic of the disease known to veterinary physicians as glanders, in horses. The full force of the disease is borne by the mucous surfaces of the nares, fances, Eustachian tube, trachea, and bronchia, even to the minutest of them; to the degree even of producing a slight inflammatory irritation of the parenchyma itself. In a very few cases I have known it to descend the œsophagus, and affect the stomach and bowels; and in one case the

mucous membranes of the uterus and bladder. It is most emphatically a disease of the mucous surfaces.

I once had a valuable and favorite horse who took the glanders. I treated him myself, and frequently examined his nose, eyes, throat, and lungs, and I now testify to the complete identity of glanders and hay fever—or more consistently, *glanderoid*—without fear of losing medical caste or reputation. The only difference is that of physical development, with rationality added. It is a most violent *distemper*, to which both man and beast are alike subject.

The disease is called hay fever, but surely very unjustly. This name doubtless was given it from the fact that a *few patients* smelled newly-mown hay. Such cases are rare. Some cases have no smell at all, while others smell Dutch cheese, spoiled eggs, tainted meat, sourcrout, old bacon, iodinous or chloride of lime vapors, and various other substances, pleasant or disagreeable. The sense of smell is exceedingly depraved in many cases; thus, one of my patients, a lady of most delicate taste usually, had a beautifully ripe peach presented her a few days ago; she said, "Take it away, it makes one sick—it smells just like rotten cabbage." This perverted sense of smell is not constant, and that which smells badly to-day, has its true odor recognized to-morrow, and *vice versâ*. In the last ten years, I have treated just forty-seven cases of this disease, of which four patients smelled newly-mown hay; nineteen had no smell at all during the severity of the attack, and all sorts of smells previously; thirteen had the sense of smell unimpaired, except at very brief periods, and then there was simply a suspension but no perversion of the function; the other eleven cases had all sorts of odors troubling them. In this regard I might relate some laughable incidents.

Newly-mown hay being acquitted of this high charge of assault and battery upon man's smelling apparatus, we must look elsewhere for the enemy. And some experts pretend to say that *Ambrosia artemisifolia* (ragweed) is

the aggressor, and accordingly it is arraigned before the bar of ignorant juris-imprudence, simply because it dares to bloom about the middle of August—the time when glanderoid appears. In opposition to this view, I would quietly adduce facts as they daily present themselves. I have at this time under my treatment eleven cases,—the most I have ever had in any one season. They all live in the city of Richmond, and I doubt very much the presence of a single flowering stock of Ambrosia within the limits of that city. I have made it a business of inquiry among the country people, where ragweed grows abundantly, and have failed to hear of a single country case. It seems to be confined to cities, among certain temperaments, and to the months of August and September. The Ambrosia is surely innocent of producing this distressing malady. I have made diligent search after items of all kinds bearing upon the subject, and I find none which is so constant as temperament. The thoracic or sanguine temperament, full, rounded chest, with a strong disposition to the accumulation of flesh and fat, are most susceptible. Such persons were almost invariably the subjects of croup or asthma (phthisic) when quite young; and were, as they say, naturally oppressed for breath when physically excited. They are therefore the proper persons for such a disease, coming on as it does when the atmosphere is most heavily laden with all sorts of vegetable spores and animalcula. Their systems being relaxed from the continued heat of summer, and the adipose cells being softened, they furnish a ready receptacle for all sorts of atmospheric impurities. Thus far I know of no exception to the above, save one little boy, who is now quite thin, but was quite fleshy when a babe, and subject to croup. His mother and grandmother, however, are of the thoracic temperament; and he may show his keeping as he advances toward manhood. Constitutional predisposition is therefore to be looked for in all cases of glanderoid, while newly-mown hay, ragweed, &c., are to be considered as furnishing but

a small part of the exciting cause. Glanderoid is rarely fully developed before the third year from its first inception. Languor, tired feeling, drowsiness, chilliness, feverishness, are features marking its early approach ; and in a day or two afterward, sneezing, and running from the eyes, with more or less heat in the lids ; a dull headache then comes on, affecting the whole head, more particularly over the coronal region, however, and causing a sensation of tightness or a corded feeling. The nose now discharges a thin, clear, glairy fluid. These symptoms become more and more aggravated, the sneezing becomes more violent and constant, the Schneiderian membrane becomes swollen ; there is a sensation of fulness and throbbing ; the nares alternately open and close, in fact, at times both nostrils will remain perfectly closed for hours. After such a spell, they will open up ; and such an opening up ! Great quantities of heavy, yellow, sometimes green, and occasionally sanious matter will be discharged, in quantity sufficient to astonish one unaccustomed to seeing it ; and all this with but temporary relief ; for in a few moments the nostrils are closed again. During this period, the nares, soft palate, tongue, Eustachian tube, eyelids, and inner ear, have spells of intolerable itching, followed by slight aching and prostration. The appetite is seldom impaired, but often increased. Patients and friends often remark to me, "Doctor, where does all this matter come from ? Won't it cause death ?" One remarked to me yesterday that he must be "*rotten inside* ;" as he filled fully one dozen linen handkerchiefs in the course of twenty-four hours. The matter is often very offensive, and frequently runs down the throat during sleep, causing nausea, and in some rare cases vomiting, and in all titillation and a short hacking cough. But the Schneiderian membrane is verily the great storehouse of all this mucus or phlegm, as well as of the mucopurulent and sanious matter which is so freely discharged ; hence the serious disturbance of the olfactory nerve, and the consequent impairment of the sense of smell.



The climax of the disease is reached in the course of two weeks, when it begins to subside, and often disappears as quickly as it appeared; while in other cases it will linger about for five, or even six weeks—getting better and worse, until it finally leaves, not to return until the following August. And in this, its second attack, in addition to all the symptoms of the first year, comes œsophageal as well as tracheal and bronchial irritation. Itching, tingling, and sensations of heat occur, frequently down to the stomach, and also down the bronchia, causing wheezing, tickling, and uneasiness. Cough dry and whistling, not having a croupal sound, but resembling in character the inception of hooping-cough—quick, shrill, and metallic. The appetite is good, though the tongue is somewhat coated with a yellowish coating, and the papillæ are slightly raised. Throughout this attack the patients lose flesh, and become quite anxious and fretful. They count the days, and thank the Lord as each day is numbered with the past, and the end of suffering is neared. Nights are restless, and frequently the entire night is spent in sitting up, watching for the morning dawn. Such are the faithfully delineated characteristics of the second year.

But now the third comes on, with a programme much more elaborate than that presented by both of its former visitations. In addition to the symptoms already mentioned, the patients have suffocative asthma, bloated stomach, mucous diarrhœa, catarrh of the mucous surfaces of the uterus and bladder, and intestines. The lungs become stopped up, feel full and uncomfortably tight in the early part of the third attack, and this gradually increases, with all the other symptoms, until suffocation seems *imminent*. A feeling of constriction, and diminution in calibre, of the bronchial tubes, with short and labored breathing, attended with wheezing, whistling, up-heaving, dry cough, continues for a few days; when this asthmatic condition puts on humidity; and the quan-

tities raised from the lungs and blown from the nose are perfectly startling. This extreme humidity often alternates with spells of oppressively tight and stuffed-up condition. I have known the inspirations to amount to as many as forty per minute, while the pulse was not above the usual standard. In this disease, throughout all its phases of attack, the pulse rarely rises above *eighty*; but while its velocity is not increased, its volume and power is much diminished; and it often becomes irritable, soft, compressible, irregular, intermittent; at other times wiry, tense, full, hard, or even corded—rarely orgasmic. The uterus, I am happy to say, is but seldom affected; but when it is implicated by this much-dreaded disease, it becomes very tender to the touch; leucorrhœa, and even the menses are brought on, with more or less heat, pressure, and soreness. The bladder, too, becomes involved, and there occurs frequent jetting of urine, incontinence, and dysuria, with discharge of small quantities of gleety phlegm. The desire for food sometimes amounts almost to gluttony, and this doubtless is a provision to compensate for the excessive nasal and pulmonary drain.

TREATMENT.—I have thus given a faint outline-picture of one of the most incorrigibly mean of all Western diseases. And now that this has been done, I must plead ignorance of anything farther. What shall I say about treatment? I can only offer my mite, and turn the case over to better hands. For the first year's attack I know of nothing better than *Mercurius solubilis*, followed by *Glanderine*, during the stage of discharge, and winding up with *Sulphur*. For the second year I use *Merc. sol.*, then *Phosphorus* and *Glanderine*. For the third year I use *Glanderine*, *Tartar emetic*, *Arsenicum*, and *Sulphur*. I look upon *Glanderine* as being the true similimum, if we could get the pure unadulterated material; but I fear it is taken too soon or too late. I feel satisfied it makes a greater impression upon the disease than anything else known to

the profession. I might mention Ipecac, Lachesis, Natr. mur., and Zinc, as intercurrent or occasional remedies.

I have described all the symptoms of the disease that have so far come under my notice. Some cases have nearly all, others have few of those that have been mentioned.

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## THE BRITISH HOMŒOPATHIC CONGRESS.

OUR thanks are due to ALFRED C. POPE, Esq., of London, one of the editors of the *Monthly Homœopathic Review*, for advanced sheets of the *Review*, by which we are enabled to present our readers with the major part of the discussions at the very interesting meeting of British practitioners of homœopathy, held at York, September 4th, 1872. The meeting was a great success, both as regards attendance, and the lively interest manifested throughout the proceedings.

The Chair was occupied by Dr. Black, of Clifton.

Among the gentlemen present, in addition to the most prominent homœopaths of England—those whose names are familiar to us as household words—were our own Dr. L. E. Ober, of La Crosse, Wis.; Dr. Pilling, of Plainfield, Wis., and Dr. Charles A. Bacon, of New York; and Dr. V. Léon-Simon, of Paris, son of the celebrated Léon-Simon.

THE CHAIRMAN, DR. BLACK, then delivered his address, on the Attitude of the Medical Profession towards Homœopathy; from which we propose to make some extracts for a future number of this journal.

DR. MOORE thought the address ought to be published, and be thus prominently placed before the public. (Hear, hear.) One reason why they had not made greater inroads with their principles was the fact that they had shrunk from sufficient publicity. In the United States homœopathy had taken a deeper and wider hold on the public than it had in this country. This he attributed to the fact that *greater publicity* was given to the proceedings of homœopathic practitioners there than in this country. He thought that they by their comparative reticence had made a mistake, because the profession as well as the public at large would be moved more by pressure from



without, than by their internal movements. He had been very much touched by the moral bearings of the question before them. What, he would ask, had become of the love of truth in their profession? Did not the love of truth form the basis of their greatness? But had not the medical profession lowered itself of late years very much, by its treatment of homœopathy? The medical profession had lost in prestige with the public, and the legal profession stood higher than did the medical. Who looked up to the medical profession as they ought to do? He thought the treatment of homœopathy during the last thirty years had caused them to lose their legitimate influence, and he thought it must have been painful to such men as their President, Dr. Drysdale, and Dr. Dudgeon, and those who, for thirty years, had labored with their pens to leaven this country with the great truths of homœopathy, to have found that it had made such comparatively little progress. They ought to stand in a far higher position than that which they occupied. Dr. Wilks seemed ashamed to have named *Aconite* as a remedy in inflammatory fever, because its power in this disorder was discovered by Hahnemann. Instead of being ashamed, he ought to have come forward and boldly exalted and supported the man who upheld the truth.

DR. SHARP then read his paper entitled: "*In what way is the Action of Drugs to be discovered?*"

*Discussion on Dr. Sharp's Paper.*

DR. BAYES said he thought they must all thank Dr. Sharp very much for the lucid manner in which he had put before them those principles which were at the very foundation of homœopathy; and he hoped that some day Dr. Sharp, or some one following in his track, would be able to go still farther than he had done—that the nature of the action of medicines might no longer be secret and hidden. He trusted that they would proceed with their inquiries until they discovered the hidden mystery, why medicines should apparently act in the way Dr. Sharp had pointed out that they did. Dr. Sharp had labored very hard and very successfully to show them that drugs had a local action; and that which at first seemed striking to the inquirer was, that the same drugs were used in a large number of diseases. He rather hoped that, sooner



or later, they might be able to come to the conclusion that the large dose of a drug might be compared to a large dose of alcohol, which numbed and paralyzed the nerve when applied to the part affected, and the small dose of a drug be equally appropriately compared to a small dose of alcohol, which gives strength and power to return to healthy functional action. He hoped that in one respect, Dr. Sharp was mistaken, viz., that his labors were near a close. It was his delightful and cheering essays that first drew his (Dr. Bayes's) attention to homœopathy (hear, hear)—that first attracted him to its study, and showed him the reasonableness of it. He could bear his testimony to the great value and usefulness of Dr. Sharp's essays, and he was sure they would all appreciate the value of the paper they had heard read that morning. (Applause.)

DR. DRYSDALE also complimented Dr. Sharp for his valuable paper. Dr. Sharp might, he thought, without irreverence, be called the Apostle of Homœopathy to the Gentiles, on account of his Tracts, which had made many converts; and if he had done nothing else, he had excited the gratitude of all present. He was of opinion with Dr. Bayes, that they must go on developing homœopathy, and said that for his part he saw no signs of Dr. Sharp's labors coming to an end. He trusted that he would be able to continue those labors till he had got to the core of medicinal action. He thought nobody could deny the necessity of reducing the symptoms to signs, the signs pointing to the seat of the disease. That was the first thing which as physicians they endeavored to do. But Dr. Sharp would remember that the mere observation of symptoms would not, without reflection upon them, discover the seat of disease. There were many contagious diseases all acting on the same part, viz., the protoplasm, and there were medicines causing a febrile state by acting on the very same part, which had no effect in those contagious diseases. They must all consider the quality of action as well as its direction, and even in common diseases they would find that their seat was not information enough; the quality of the disorder was far more important than its seat. He hoped they would not lose sight of these two points, and that Dr. Sharp would add the study of the quality of drug action to that of its locality. (Applause.)

DR. CARFRAE wished to express his regret that men like Dr. Wilks would not take the hint to go a step beyond that at which they had already arrived. In his inaugural address at Birmingham the other day, Dr. Wilks went so far as to pull to pieces all current theories regarding the treatment of disease, showing in fact that his treatment was empirical. The essay he had referred to represented the views of the most advanced school of medicine at the present day, and he regretted that they did not go a step further and adopt the only known guiding principle in the selection of medicines. He could not help thinking that Dr. Wilks did see the value of this principle. With respect to his intolerance towards homœopathy and homœopathic practitioners, he (Dr. Carfrae) would remark that when men admit they know no principle of this kind at all, they ought to be a little more tolerant towards those who have reason to believe that they were in possession of one. (Applause.)

DR. OBER said that homœopathic physicians were doing what they could in America towards developing homœopathy, and many of their best writers were trying to spur on their comrades in the labor of proving medicines. They considered that in so doing they were contributing more to the cause of homœopathy and to the triumph of controlling disease than by any other possible means. Their allopathic brethren were contributing largely, and had the means and time to contribute more to the scientific branches of physiology and pathology; but he considered that they (the homœopathists) had the key that should unlock, not only the physiological action of drugs, and the means of applying those drugs, but the key which enabled them to prescribe those drugs to the greatest advantage. In the efforts they were making in America they were aided by numerous societies which were devoting themselves especially to this work. They had had a great deal written on the subject of *materia medica*. Dr. Hale, of Chicago, had produced an important volume and many essays on this subject, the value of which they were glad to recognize; yet much of it was considered as crude matter, and they were not prepared to recommend the clinical observations to take the place of provings. They were making all the efforts possible, and enlisting all the energy and zeal of their practitioners, though he wished there was much more energy exhibited for the

settling of many still existing doubts. The proving of medicine was their great *forte*, and it was this work that must be appreciated; and if fully and carefully carried out, it was in this particular branch of the science of medicine that they would come off the conquerors.

THE PRESIDENT: Our hope is that between America and England there will always be a great rivalry in the direction of studying the physiological action of medicines.

DR. SIMON was understood to say that the position of homœopathy was improving in public opinion in Paris, though its practice met with the same kind of opposition as it did in England. Their practitioners were divided in opinion as to the most suitable dose. There were those who were high dilutionists, and those who were low dilutionists; the high dilutionists being the most numerous. They used high dilutions in chronic diseases, and low ones in such as were acute. (Applause.) He hoped they would all improve in future in the practical result of their discussions on the question of dose. Not only he, but his father, and a large number of his brethren, carefully studied what was published in America, and were aware of the improvements which were being made in that country, and also in England. (Applause.)

DR. OBER observed that he did not wish to be misunderstood in anything he might have said regarding Dr. Hale. They appreciated Dr. Hale's work, and were very thankful to him for it. They considered it a step in the right direction, but they felt at the same time that it was crude. He did not misrepresent him when he said that he (Dr. Hale) had admitted this himself, and had asked for additional provings of these remedies. These remedies were derived more particularly from indigenous plants, with which America was abundantly supplied, and many of which had proved of signal value.

DR. SIMON, saying that he had omitted to refer to the French hospitals, expressed the hope that they would make improvements in France in the way of establishing homœopathic hospitals. Two had been established in Paris in two years, and they were founded by subscriptions. He saw one in London some days ago, and he was glad to perceive how well it was managed. He wished that all hospitals afforded the same accommodation.

DR. HUGHES said he was glad to find that Dr. Sharp had made a step beyond the "organopathy" he had hitherto



been understood to advocate, and now admitted *character* of drug-action as of no less importance than *seat*. He fully agreed with him that our cardinal need at present was the *interpretation* of pathogenesis. Now to interpret aright we must understand the language on which we are engaged. Had we a full record of the course of our provings, or, still better, had we the provers before us, so that interrogation could be added to their recitals, we should need only a knowledge of physiology and pathology to enable us to understand the language their disorders spoke; we should have the same advantages as we have in the diagnosis of idiopathic disease. But suppose a patient, consulting us by letter, were to cut up his symptoms into a Hahnemannic schema. Or suppose our advice were desired as to the treatment of an epidemic, and the symptoms of several persons affected by it were thrown together in such a schema. Or, still worse, suppose that in the report we received the symptoms of previous or coincident illnesses present in the sufferers from the epidemic were included. In such cases, what power of interpretation would remain with us? It is the regret of all of us, that such hindrances are present in the recorded pathogenesies of nine-tenths of our medicines. Before, then, we can proceed to interpret, we must renew and revise our *materia medica*. And he would say to our American friends, while thanking them for what they have done in the way of proving—do not any longer waste your time and energies upon such *nugæ* as *Ptelea trifoliata*, with the result of finding that it causes something like a bilious attack; but reprove medicines of certain therapeutic value, whose physiological action is as yet imperfectly understood,—medicines like the mineral acids, like *Guaiacum*, like *Ammonium muriaticum*, like nineteen-twentieths of the constituents of the “Chronic Diseases.” Then you will render us true service indeed, and receive lasting praise. (Applause.)

DR. SHARP said he begged to thank the members of Congress very much for the kind manner in which they had received his paper, and to make one remark on the subject of provings. He wished the younger members of their body would set to work to prove our own indigenous plants, as the Americans had done theirs. There were plants in England worthy of more attention than they had received, and he suggested that from such plants



as those of the daisy, buttercup, and common dandelion very valuable medicines might be obtained, if they had them well proved. (Applause.)

THE PRESIDENT thanked Dr. Simon for the works they had received from his father, but they were placed in a peculiar position. They were not a corporation which had a legal existence, but they had a conscience. What were they to do with these works? He thought they had better present them to the British Homœopathic Society. (Hear, hear.)

After an adjournment for an hour, some conversation ensued as to the place for the next meeting of the Congress. Leamington, Nottingham, Leicester, Bristol, and Liverpool were named, and it was decided by a large majority of votes that the Congress of 1873 should take place at Leamington, on the second Thursday in September.

DR. SHARP, who was then elected President for the ensuing year, said if it were their wish that he should fill the office, he should be very happy to do his best whilst occupying that position. He proposed Dr. Gibbs Blake as the Vice-President—a resolution which, having been seconded, was carried unanimously.

THE PRESIDENT said that Dr. Blake was quite willing to act as General Secretary as well as Vice-President. (Applause.)

DR. HUGHES read a paper

*"On the Place and Value of Baptisia in the Treatment of Typhoid Fever."*

This paper we hope to publish in our December number. Meanwhile, in order to render the following report of the discussion more intelligible, we may state that Dr. Hughes carefully analyzed the cases of typhoid fever treated by *Baptisia* which had been reported by Dr. E. M. Hale, Dr. Madden, Dr. Bayes, Mr. Harmer Smith, and others, and the conclusions which they had derived from their experience of its use. Dr. Hughes held that there was evidence to show that in the first stage of this fever the employment of this remedy would check its further progress; that it was of less value in the later periods of the disease, but even then was calculated to diminish its intensity. It was, he thought, a remedy in which more considerable experience would increase our confidence.

THE PRESIDENT said they would have heard with pleas-

ure and profit this *résumé* of the use of *Baptisia* in typhoid fever, and it was for them to confirm or negative the conclusions at which Dr. Hughes had arrived. They knew so comparatively little of the natural history of typhoid fever, that it was extremely difficult to decide whether medicine modified the course of it or not.

DR. DUNN observed that he could speak from recent experience of the use of this remedy in cases of fever of the typhoid type, which had been brought under his notice. They had then in Doncaster what was called there low fever, and he and his assistant, if they commenced with *Baptisia*, succeeded in cutting it short almost with the rapidity of lightning. He was much struck the other day in attending a person who had received the disease from another patient in the same house, and who had been in it eleven days. In twenty-four hours after *Baptisia* had been administered, the pulse, the tongue, and the mind had all recovered their normal state, and the patient convalesced without any other remedy. He attended with another doctor, and they were perfectly struck with the result. He could therefore speak very highly indeed of the value of *Baptisia*.

A MEMBER: What is the dose?

DR. DUNN: A drop dose every hour, or every two hours.

DR. BRADSHAW said he had had four or five cases treated with *Baptisia*. One of these cases occurred in a girl, and when she came under his care her position appeared hopeless. He relied upon *Baptisia*, and recovery was at once rapid and satisfactory.

MR. NANKIVELL said he begged to add his testimony to the value of *Baptisia*. He had never used it but with the most cheering results, and thus far he held it in very high estimation.

MR. AINLEY said that during the last three years he had had under his care between forty and fifty cases of typhoid fever, and until the last week but one he had not lost a single case. Taken at the outset he had always found *Baptisia* cut the fever short in five or six days, but if he were called in after that period, he generally alternated *Arsenic* with *Baptisia*. Indeed it seemed to him that patients after the first week of the disease had always done better with *Arsenic* given alternately with *Baptisia*, than with the latter remedy alone. He always continued it to the end of the disease. He had sometimes

left it off, if the lungs became congested or the diarrhœa worse, but latterly he had thought it better to continue it to the end. The case he lost last week died in consequence of bad nursing. He was quite confident that any case of typhoid fever could be cured by *Baptisia* alone in the early stage of the disease, and by *Baptisia* and *Arsenic* in the latter stages. He would almost as soon be without *Aconite* and *Arsenic* as be without *Baptisia*.

DR. SHARP said his experience in the treatment of low fever had been to make him have great confidence in *Rhus*.

THE PRESIDENT: Have you tried *Baptisia*, Dr. Sharp?

DR. SHARP: I have not yet. He then pointed out that *Rhus* was a remedy that ought to be kept freshly prepared, for if the tincture used was old, it was probable that it had undergone some alteration. There had been some scientific facts elicited on this subject, by bringing the spectroscope to bear upon it. He had spent some time in examining tinctures with the spectroscope. Fresh tincture of *Rhus* gave a distinct spectrum of its own. Old tinctures gave a different spectra, proving that a change of some kind had taken place in them.

DR. GIBBS BLAKE said they were indebted to Dr. Hughes for his *résumé* of all that had been written on the use of *Baptisia* in typhoid, and he thought that the negative evidence which he had brought forward, tending to show that *Baptisia* was not of use, might be accounted for in this way: that as there were certain cases of ague that did not correspond to *Quinine*, so there were certain cases of typhoid fever that did not correspond to *Baptisia*. He had had experience in a large number of cases of typhoid fever. About 2000 cases of that disease occurred every year in Birmingham. It was a disease frequently met with there; there were a good many severe cases; and he could bear strong testimony to the value of *Baptisia* in the treatment of typhoid fever. He had recorded several such cases, and he was certain that they were true instances of typhoid fever in the Jennerian sense. *Rhus* took the same place in typhus that *Baptisia* did in typhoid fever. The fever of Liverpool was not the fever they had in Birmingham, and he thought that *Rhus* bore a more exact analogy to typhus than it did to typhoid fever. In London the two fevers were more nearly equal in number. In the London Fever Hospital he had had the advantage of attending to cases of both types of fever.



When Sir Wm. Jenner was working out the subject, he (Dr. Blake) had the good fortune to be his clinical assistant. Sir Wm. Jenner used to impress upon his pupils and assistants that there was one symptom very characteristic of typhoid fever, and that was the tendency of the patient to leave the bed. Where that occurred, it went a long way in deciding him that the case was one of typhoid and not of typhus fever. Sir Wm. Jenner's opinion was of very great value in such a case, because he witnessed it unaccompanied by drug treatment.

DR. CARFRAE observed that some years ago, at the meeting of the British Homœopathic Society, he expressed the opinion that we ought to try to cure this fever; but all the members present seemed to think that it was impossible to cure it in the sense of cutting it short. He did not see at all why they should not try to cure it by specific means, and he was glad that now they had a much better hope of doing so. It would be very important if they could substantiate and work out the ideas Dr. Hughes had suggested, as by doing so they would accomplish a great work for practical medicine and the law of specific treatment. They should not confound typhus and typhoid fevers. (Hear, hear.) They should be very carefully diagnosed, as they were as distinct from each other as scarlet fever was from ague.

DR. BAYES expressed himself very much gratified at hearing the experience of the previous speakers on this question. There was one point that Dr. Hughes had not alluded to, and that was the very decided effect that *Baptisia* had upon the stomach in giving it power to take and to digest food. He had seen patients who, having loathed food, had, almost immediately after taking *Baptisia*, relished it, and that was a very great point to gain in the treatment of typhoid fever. He related the case of a boy suffering from incipient typhoid, who had passed many sleepless nights, but, after taking *Baptisia*, went to sleep, and in two days was well. He had been in the habit of meeting with gastric fever running into typhoid, before he used *Baptisia*, but since using it his cases of gastric fever had never run into typhoid.

DR. MURRAY MOORE said he desired to record his opinion of the immense value of *Baptisia* in typhoid fever. He thought it was very important that they should distinguish the different stages of the disease, because they



were called in at all stages. They might be called in when the fever had lasted fourteen days, and instead of showing any tendency towards a crisis, was tending from bad to worse. It had generally been his practice to use *Rhus* in cases of typhus fever, and *Arsenic* in enteric fevers. He used *Baptisia* in every case where he could diagnose the disease to be enteric typhus. He appealed to his colleagues in future to place records of their cases, with carefully drawn histories of each, in print, so that they could judge of the antecedent symptoms, and ascertain on what days the treatment had commenced. Those facts would afford positive evidence of the effect *Baptisia* had in shortening the disease. In cases of fever which had come under his notice, when the patient had a white furred tongue with red edges, gurgling, and slight tenderness in the right iliac fossa, with frequent, yellow, pappy stools, those symptoms he had not seen *Baptisia* fail to cure. He had generally, however, found it necessary to use *Arsenicum* once or twice in the day with such a group of symptoms. He should like to ask what were the doses Dr. Hughes had generally used, and how he would use the tincture in order to abort typhoid fever. If they were to give it as *Camphor* was given in cholera, they must prescribe large and frequently repeated doses; but if they were to give it as they did *Aconite* in inflammatory fevers, they should give it in smaller doses.

DR. BACON observed, that in New York *Baptisia* was a favorite remedy in typhoid fever.

DR. OBER said he had read Dr. Hughes's works with a great deal of pleasure. In the paper they had just heard he had condensed the symptoms indicating and the effect of prescribing *Baptisia* admirably, in his estimation; but he repudiated the idea of using any medicine as a remedy adapted to a disease by name. It seemed to him liable not only to mislead their brethren, but others, in stating that a remedy cured a given disease without having regard to its individuality. He was afraid that many of their practitioners, instead of adapting a given remedy to a particular case, would take what had been said to mean that *Baptisia* was a specific for all cases of typhoid. To the use of *Baptisia* he had not been a stranger during the last fifteen years, and in many cases he had been very highly pleased with the results he had obtained from it. The fevers in the west of America were more or less com-

plicated with malarious influence. In those cases, especially in the later stage, he found other remedies quite as applicable as *Baptisia*. In the commencement of the first stage he endeavored to control or hold the fever by the remedy, and never to let it develop; and in such cases *Baptisia* had proved of admirable service. But when the disease had passed the first stage, he had not observed that amount of benefit derived from *Baptisia* which had been stated to have been seen by other speakers. He always used the remedy most adapted to the case in hand, and he agreed with Dr. Sharp, that in the later stage of the disease *Rhus* was a very useful remedy. In any case, when the fever had passed to the second stage, his uniform practice had been to go to the higher attenuations, and he should prefer the 200th or the 2000th to the tinctures. (Applause.)

DR. DUNN remarked that Dr. Sharp had touched on a very important point, and that was the integrity of our tincture of *Rhus*. If Dr. Sharp would write an essay or paper on that point it would be very valuable.

DR. HUGHES observed that the object he proposed to himself in reading the paper had been abundantly attained. They had had the experience of good men and true, and those who had tried the remedy had been almost unanimous in their appreciation of it, and they had decided, he considered, that *Baptisia* was the *Aconite* of typhoid fever. *Aconite* did not always succeed. *Baptisia* might fail; but they might say, as a rule, that *Baptisia* administered in the early stage of the disease would break up the fever, that *Baptisia* administered later would modify the disease, and that in all stages of typhoid fever it would have some beneficial influence, and ought always to be thought of in the treatment of typhoid fever. If *Baptisia* was what it was reputed to be, it had the effect of aborting the disease. Though he admitted that the subject required further consideration, and to be brought under more detailed therapeutic observations, the weight of evidence was overwhelming that they possessed a medicine on which they could rely almost with the same confidence that they could rely on *Aconite* in other kinds of fever. (Applause.)

#### THE PHYSIOLOGICAL ACTION OF SERPENT VENOM.

THE PRESIDENT now called for Dr. Pyburn's paper on

*The Physiological Action of Serpent Venom.* A letter was read from Dr. Pyburn, expressing his regret that circumstances had occurred which prevented his being present at the Congress, and the paper he had prepared was accordingly read for him by Mr. Pope. This paper has not yet been published. The following is a brief *résumé* of its contents. After a reference to the use of snake venom as a popular remedy for certain disorders in countries where reptiles abound, Dr. Pyburn proceeded to show that the venom of serpents, when introduced into the system by the stomach, did influence the animal economy, provided that a sufficient quantity was swallowed. He also showed that the virulence of the poison, when introduced through the skin, was in proportion to the quantity injected. Cases were adduced indicating the nervous centre, and especially the ganglionic centre, as the part on which the first effect of the poison seemed to fall, and illustrating also the symptomatology of serpent venom. Dr. Pyburn concluded by urging that greater efforts than any hitherto made should be directed towards obtaining an adequate and reliable supply of serpent venom for medicinal use.

DR. HAYWARD said he had devoted considerable time to the collection and preservation of pure serpent venom, and he was very glad therefore that this subject had been brought before the meeting, as it was one well worthy of consideration. He referred to the publication in America by Dr. Mitchell of his experiments with the rattlesnake. They had also the records published by Dr. Fayrer, of India. In certain diseases they might use serpent venom with the same confidence that they were in the habit of using other remedies. It was certainly a very potent and rapidly acting medicine. As had already been mentioned, it affected the whole body. Its influence on the nervous system was shown by its causing convulsions and paralysis. It was also useful in diseases of very grave import, such as putrid small-pox and putrid fevers generally. In all the cases of serpent poisoning of which he had read reports, there was utter weakness manifested; the action of the heart became impaired; the pulse was rapid and feeble; the vessels became distended, and, as had been well brought out, hemorrhage took place everywhere. There was paralysis, there were convulsions, and there were symptoms of general disorganization; on the other



hand, serpent venom was well adapted to the cases manifesting such symptoms. He attributed the recovery of his only daughter, who had suffered from putrid fever, to the use of *Crotalus* venom. He had imported eleven large rattlesnakes from New Orleans, and had obtained from one snake, whilst under chloroform, thirty-nine minims of venom, to which he added pure glycerin. Each snake was treated separately, and the poison was tried on animals—cats, mice, and birds—before the dilutions were made. He had since sent three snake-boxes to India—one to Bombay; another to Calcutta, and one to Bengal—and he hoped shortly to be placed in possession of a large supply of this truly valuable remedy. He also trusted that in future they should be able to report in their proceedings many recoveries owing to the use of it, from diseases which they had hitherto looked upon as almost beyond the pale of medicine.

DR. HUGHES was glad to hear that they were going to have an additional supply of the cobra poison. He himself had used it for years in certain forms of asthenic sore throat, in chronic headaches, and other cases. It was a medicine he had great confidence in, and one he often prescribed. He agreed with Dr. Hayward as to the effect produced by snake poison on certain diseases, but he felt that they must draw a distinction. He doubted whether these snake poisons were of value in typhus or typhoid fever, or other *primary* toxæmiæ; he thought that secondary blood-poisoning like pyæmia and traumatic gangrene were their true sphere of action, as suggested by their pathogenetic phenomena. Hence their value in scarlatina, where, as so often happened, the system was reinoculated from the diseased mouth.

A MEMBER asked if Dr. Hayward had used the *Crotalus* in diphtheria.

DR. HAYWARD replied that he had.

DR. DRYSDALE differed from Dr. Hughes in one point. In a case to which reference had just been made, the snakebite was not at all inflamed, but yet the patient died fast enough. It showed that the venom was fatal without any secondary pyæmic infection. He then gave an account of the manner in which Dr. Hayward had obtained poison from a rattlesnake. It was rather nervous work. (A laugh.) Mr. Thompson now chloroforms the snake, and the venom is squeezed out. It came out



in drops like thin honey. In some cases of scarlet fever he had used *Crotalus* with effect.

A MEMBER: What dose did you give?

DR. DRYSDALE observed that he generally gave the second centesimal. Dr. Mitchell had given a quantity of venom to a pigeon, but it did not produce a fatal effect until a puncture was made.

DR. SHARP remarked that he wished to call attention to the fact that though snake poisons might sometimes act when simply swallowed, they did not generally do so. It was of great importance that the public should not lose faith in sucking wounds that had been poisoned. The lives of many persons had been saved by having a wound sucked, and the person who did the sucking must not be frightened by the thought that he himself would be poisoned. He did not know a case in which the sucker had suffered.

DR. DUNN: I think there is one case on record, but the person had a cracked tongue.

DR. SHARP said the caution he wished to give was that they must not deter people from sucking poisoned wounds, because a life might be saved by the act of sucking.

DR. BLAKE said that the result of sucking a wound depended on the species of snake, and they had to learn by what particular snake the wounds were made before they could be sucked with impunity. He believed there was some distinction, and that there were wounds which it would be unsafe to suck.

After a few words from Dr. Drury, Dr. Hayward stated that the rattlesnake which he had dissected had twelve or fourteen fangs, two of which were in use, and two ready to be applied. There were others which were less and less, so that they were gradually developed, though in what time he did not know, but Dr. Mitchell suggested once a year.

MR. POPE said he had no doubt his friend Mr. Pyburn would, had he been able to be present, have been very much gratified by the discussion which had taken place. The paper was, he thought, a very interesting one, and he was glad the members present agreed with him in thinking so. He begged now to propose that the thanks of this meeting be presented to Dr. Black for his kindness in presiding over them so efficiently. Dr. Black was one of the oldest homœopathic practitioners, and one who had

devoted himself earnestly and successfully to the development of homœopathy, and was well entitled to their thanks, not only for the service he had rendered them that day, but for the work he had accomplished in the past. (Applause.)

DR. SHARP said he begged to second the motion most heartily.

The motion was carried unanimously.

DR. BLACK said he was much obliged to them for their kind expressions, and for the resolution they had just passed. In bringing this Congress to an end he would express the hope that they would all meet again, and that on future occasions many more would be added to their number.

The business portion of the meeting was then concluded.

### *The Dinner.*

In the evening the members, together with several visitors, partook of a sumptuous dinner at the Royal Station hotel, about fifty gentlemen being present. Dr. Black occupied the chair, and Dr. Dunn the vice-chair. After dinner an excellent dessert was placed upon the table, and "the glasses having been charged," a number of toasts were drunk and excellent speeches were made. We have only room for the following remarks by the Chairman, Dr. Black:

THE CHAIRMAN then rose and said: Mr. Vice-Chairman and Gentlemen,—I propose a toast which ought ever to be honored at such meetings as this. I want you to bear in grateful remembrance the memory of Hahnemann, a man to whose genius we owe our therapeutic law, and to whose marvellous industry we are indebted for most of our *Materia Medica*. No man is perfect: and Hahnemann had, with his intellectual strength, his intellectual weakness; and this his position as a reformer rendered more apparent: the genius which created, marring and retarding by its weakness the truth it had elicited. With this admission let us pass from the shadow to the light; a light we may admire and gratefully follow. Hahnemann was eminently a religious physician. I use the word religious in its widest sense, for with him the claims of conscience were ever paramount to profit. He regarded his profession "not as a shop for sale or profit, but a rich storehouse for the glory of God and the relief of man's

estate." Thus guided, he gave up practice in the prime of life and with the cares of a young family, when he became convinced of the uncertainties and dangers of the medical treatment of the day. He lived a life of penury, subsisting by literary labors until the discovery of the therapeutic law pointed out a clear way. He then resumed practice, and worked with an earnestness and success which were remarkable, even in a country distinguished by the laborious research of its literary and scientific men. We have only to attempt the arrangement of one medicine, with all our present advantages, to slightly realize what Hahnemann's labors must have been. He felt like the grand monk of old, that earnest work was earnest prayer. Coleridge says:

"He prayeth best who loveth best  
All things both great and small."

Hahnemann might have said:

"He prayeth best who worketh best  
In all things great and small."

I knew Hahnemann a year before his death; but though age had told on his frame and his intellect, it left untouched his enthusiasm and his desire to work. When he bid me good-bye, embracing me, he said, "Work, work, and the good God will bless thee." You know the story of Hahnemann and his garden at Coethen; a garden in which he had experienced so many happy thoughts, and written about to his friends. One of these friends came from a distance to visit him, and eagerly asked to see the garden. "This," said Hahnemann, "is my garden." "But how small it is," answered the friend. "Yes, it is small," exclaims Hahnemann; "*aber ist unendlich hoch*—it is boundless in height." These noble aspirations of Hahnemann ought to be the key-note to our exertions. He has given us a garden, small it may be, but wonderful in its order and fertility, compared with the thicket from which he reclaimed it; but we are placed in this not simply to admire, to pull the flowers, and to eat the fruit, but to live in it, to work in it, to extend it until all the country round shares the same culture. The most lasting monument we can raise to the memory of Hahnemann is the enrichment of the *Materia Medica*, the general acknowledgment of his therapeutic law. To these grand ends we must exert all our efforts; striving with all chivalry and

earnestness to overcome existing opposition. This point gained, what blessings must flow from increased laborers. Now we labor like the Jews of old rebuilding their temple—the sword in one hand, the trowel in the other. All such work is slow and unsatisfactory. Let us strive to advance the time when all opposition shall cease. Then Hahnemann, like many benefactors of our race, will enter the true order of merit; then like Jenner, like Sydenham, reviled in life, he will be honored after death; then, all controversy over, men will be surprised that the truth was so long opposed; then,

“The winds quiescent and the tempest laid,  
The sea shall wonder at the wrecks it made.”

May that good time soon come. Let us in silence, but with grateful hearts, drink to the memory of Samuel Hahnemann.

Drs. Ober and Bacon made appropriate speeches in response to a hearty proposition to drink the health of the visitors, made by Dr. Bayes, and which was received with applause.

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## REDUCTION OF DISLOCATIONS BY MANIPULATION.

BY MALCOLM MACFARLAN, M.D.

THE law of homœopathy runs all through this plan of easy reduction of dislocations by manipulation. In every case you use the same force in reduction which you see has produced and causes the deformity, until equilibrium is restored; and the action of nature does the rest. Whatever way the extremity or joint is distorted or whatsoever the language of the luxation, or in whatever malposition you find the part, the deformity in every case is to be aggravated; you draw the part in the position in which it is found to be out of shape, in a similar manner and in the same direction in which you see it. This always relaxes the muscles and untorn ligament which actually produce the deformity by pulling the part out of shape, and brings into action those muscles which have suddenly



become paralyzed in the luxation; thus restoring equilibrium and overcoming the deformity. It seems to me that in this we have an analogy between the two schools of practice; where one resorts to main force, the other resorts to mild means and the principle of similia; in the old method the bone is pulled in against the action of opposing muscles and ligaments, to their injury; in the new they are made use of, little force is employed, and no injury attends it. Of course this only refers to recent, ordinary, and uncomplicated cases, or dislocations proper. It is to be mentioned that by force alone, or an attempt to pull the bone *directly* into position, it is found to be frequently impossible to do so without fracture.

Muscular resistance alone is generally considered the great obstacle to reduction; the hindrances in the forms of the surrounding bony structure, the lapping of a muscle over the displaced bone, the character of the tear on the capsule, and the way in which the ligaments are ruptured, have been hitherto considered of but minor or no importance, until the profession were taught better by Nathan Smith, Gunn, Reid, of Rochester, Bigelow, and Greene. Original and admirable demonstrations of Bigelow, described in his work on the "Hip," show that in most cases the untorn portion of the capsule, the ilio-femoral or Y ligament, is often the principal cause of the deformity, and the movement by which it may be best relaxed is that to be employed. The same, in a general way, is to be said as to the other joints, in regard to the untorn portion of their capsular ligament. Happily, muscular and ligamentous relaxation is generally combined in a simple movement. There are many cases where muscular relaxation alone would fail, and the guide as to the proper movement to be made is seen in the malposition of the part; slightly increase the deformity to produce free motion, and then manipulate the bone towards its proper place.

Shafts of bones are surrounded by as large muscles as

articulations, and muscular effort is present in as great or greater force, as a rule, in dislocations as in fractures. In fractures, however, extension is generally capable of being effected by the surgeon's hands, without anæsthesia; but in certain luxations even after profound anæsthesia great force is necessary. At other times when, with the same muscular power present, reduction is easy, it shows that there is a condition behind muscular power which can only be and is accounted for by ligamentous resistance. Post-mortem examinations and experiments on the cadaver have shown this to be the case. At the shoulder, the first movement for restoring the displaced head of the bone, in either of the three varieties, is to elevate the arm on a level with the shoulder. If the dislocation is downwards, raise the arm directly upward on a level with the acromion, and make outward extension with slight rotation. In cases where it is difficult to dislodge the head of the bone by this plan, raise the elbow higher by rotary movements and extension; if necessary, use the fist in the axilla as a fulcrum and press down on the acromion for counter extension. The head of the bone is often slipped into place in the effort of bringing down the arm across the chest. In the forward dislocation, the elbow is drawn upon and carried farther backwards to relax the muscles and ligaments which produce the deformity; the elbow is then elevated, drawn directly out from the body, then passed forward opposite the axilla, and so down at the side. Or, if converted into an axillary displacement, the plan above mentioned is used. In the dislocation backward, the elbow is carried further forward and upward, with extension and rotation; the head of the bone going back the same route by which it left the glenoid cavity.

In both the outwardly and inwardly inclined varieties of the backward luxation at the elbow, where the forearm is more or less flexed on the arm, reduction is effected by controlling or steadying the arm, flexing the forearm, making at the same time backward pressure near the

elbow, to free the bone; reduction is also accomplished over the surgeon's knee by the same movements.

In the rare form where extension accompanies the backward dislocation of the ulna, the bone is put in place by making gentle rotation after extreme extension. In the luxations of the carpus upon the bones of the forearm, the reduction is easily effected according to the principle above mentioned. The common dislocation at the metacarpophalangeal articulation is rectified by simple manipulation and extension. Difficult cases are now and then met with, where the greatest force consistent with the safety of the joint will fail when the base of the phalanx is pushed back a considerable distance, overriding posteriorly the head of the metacarpus; the resistance or tension being due to the untorn portion of the anterior ligament.

Crosby's plan, which is the best, is to increase the deformity by generally pressing the phalanx further backwards, or occasionally forwards, as you find it to be most movable; the untorn ligament is thereby relaxed, and the surgeon's thumb pushes the base of the bone in place.

In the hip, when the luxation is backwards on the dorsum of the ilium, when the head of the bone is sent upwards and backwards, the lower extremity is adducted, flexed, and further inverted, and by slight extension then applied, or combined abduction when the knee is elevated, the bone is generally replaced; the last movement was the original method of Nathan Smith.

When the head of the bone is sent upward and forward, resting on the pubes, increase the deformity by greater abduction, extension, and eversion of the thigh; at the same time the leg may be slightly flexed to control the extremity better. As the thigh is carried backward you bring the head of the bone in position with slight rotation. Another method is, when the thigh is abducted, rotated outward, leg flexed, and the foot lying or retained on the opposite thigh, the knee may be elevated, when the head of the bone slips into place with a rocking motion.

Use no force, flex and extend with slight to and fro motion. While the general principle remains the same in each luxation, peculiarities are developed in separate cases and allowances are to be made for them. The causes of eversion are the ilio-femoral ligament, *psosas magnus*, and *iliacus internus* muscles. In the dislocation into the thyroid foramen, flex the limb towards a perpendicular and abduct it a little to disengage the head of the bone, then rotate the thigh strongly inward, adducting and carrying the knee to the floor; make the movement in such a manner that the knee describes an inclined ellipse. Another plan is to abduct and evert the thigh, carrying it backward, then upward, and across into place. In the knee reduction is effected by extension, the leg being adducted or abducted as the condyles are thrown outwardly or inwardly respectively; care being taken in the beginning of the manipulation to slightly aggravate the deformity so that movement can be had to relax muscles, and especially ligaments, to assist in reduction. The above rules are general, and applicable in cases not complicated with other conditions.

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VACCINATION.—According to a statement made at the Statistical Congress held this year in St. Petersburg, the total number of deaths from small-pox in the German army during the recent Franco-German war was 263. This small mortality is attributed to the system of compulsory revaccination which every man who enters the army must undergo. On the other hand, in the French army, where revaccination is not compulsory, the number of deaths, as stated by a French authority, was 23,469. This terrible difference, says the *Wiener Medizin. Wochenschrift*, must puzzle the greatest opponents of vaccination.—*Philadelphia Medical Times.*



## NECROLOGICAL.

**LORD.**—**DR. FREDERICK A. LORD** died in Chicago, September 13th, after a very brief illness. He was Professor of Physiological and Medical Chemistry in the Hahnemann Medical College of Chicago at the time of his decease; and by his peculiar ability, fitness, and affability, was well adapted for this important position. Dr. Lord was a man of liberal education, a graduate of Beloit College, and of the University of Ann Arbor. In his introductory lecture to the class of the Hahnemann Medical College, Prof. E. M. Hale thus alludes to his late colleague:

“It is with most painful emotions that I have to speak of the loss which the Faculty of this College has sustained in the death of our respected colleague, Prof. F. A. Lord. It may be truthfully said of Dr. Lord—what can be said of but few men—that

‘None knew him but to love him,  
Nor named him but to praise.’

He was one of nature's noblemen—the type of the courteous, honest, dignified physician. Beside, he was a Christian gentleman, a thorough student, and a devoted member of the homœopathic school of medicine, without bigotry, without intolerance, but always an exponent of liberal, scientific progress. If you emulate his character, and succeed in attaining a near approach to it, you will be good men and *excellent* physicians. His place will be difficult to fill, but it will be a ‘labor of love’ with each member of the Faculty to give as much as possible of the branch of which he was such a popular teacher.”

**MAHR.**—Died, at the residence of his father, Valentine Mahr, at Eberstadt, near Darmstadt, Germany, on the morning of August 26th, 1872, of Bright's disease of the kidneys, **EDWARD MAHR, M.D.** For several years Dr. Mahr was Professor of Music in Bellewood Female Seminary, near Louisville, Ky. Being a natural musician of extraordinary talent, he won the highest praise for his skill and for his success as a teacher; but, what is still more to be desired, he won the warm friendship of all with whom he was associated, through his kindness of heart, and honest, gentlemanly conduct. Suffering severely with a disease of the throat, he was induced to try homœopathy, and was so much pleased with the system, that in 1869, he resigned his position in the seminary and commenced reading with Drs. C. W. & W. L. Breyfogle. He completed his course in Philadelphia in March last, graduating with the highest honors of the class. He went at once to Germany, expecting to remain two years, and complete his studies, then return and practice in the land of his adoption. He never recuperated after the severe study he imposed upon himself in preparing for graduation, and suddenly was prostrated with the disease which in a few days proved fatal. Thus has been taken away one whom his friends looked upon as destined, from his fine education, unwonted intelligence, and the manner of the true gentleman, to occupy a high place in our profession.

As a *gentleman*, we honored him ; as a *physician*, we anticipated a bright future for him ; and as a *friend* and *brother*, we loved him ; and as such, we pay this last sad tribute to his memory.

C. W. BREYFOGLE, M.D.

Louisville, Ky.

## PUBLICATIONS RECEIVED.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By

R. LUDLAM, M.D., Professor of Obstetrics and Diseases of Women and Children in Hahnemann Medical College, Chicago. Chicago: C. S. Halsey, 1872.

The memorable words of the fathers of ancient medicine, *art is long, judgment difficult, and opportunity often wanting*, seem to gather additional force with each succeeding period of time. The longest life suffices to master but a single one of its many useful arts ; and to very few is given the opportunity to extend in more than one direction the scientific knowledge upon which these arts are founded. *Experientia docet*: experience, indeed, teaches now as of old. But, except in some isolated cases, the experience of the many in this age only serves to confirm what was well known before, while much rich fruit which might be gleaned from this abundant every-day harvest of nature is annually lost for want of intelligence to discern its value, and means to present it in a suitable manner.

As in the higher walks of the medical profession, so in the most valuable works in practice, the growing tendency is to *specialties*. And this tendency in the former respect promotes that in the latter, and conversely. The physician, therefore, who would hope sensibly to increase the knowledge of disease and improve the means of healing the sick, must not only devote himself to some particular branch of the art, and enjoy unusual facilities for its study ; but he must also become familiar with all that has already been written and done in the same direction. Nor even then will his success be more than *mediocre*, unless he is endowed with a peculiar aptitude for the business in which he is engaged.

All these requisites Professor Ludlam possesses in an eminent degree. And in consequence he has been enabled to produce a work which is an honor to the profession in this country, which in point of literary ability and originality will take rank with the best of the old school, which is equally interesting, instructive, and practically useful, and which very considerably augments our actual therapeutic knowledge of the diseases of women, at the same time that it renders accessible to the many, much valuable information that before was known only to the few.

Now for the first time in our homœopathic literature has the pathology of many of the diseases of women (chlorosis, for instance), been laid down in accordance with the discoveries of modern science. Now for the first time are some of them, "periuterine cellulitis" and "cervical endo-

metritis," for example, so much as named in a formal treatise of our school. By applying homœopathic principles and therapeutics to general surgery, Helmuth and Franklin had already shown the great superiority of the new school to the old, in removing often the necessity for operations, and in diminishing their danger always. In special surgery, it remained for Professor Ludlam to achieve a similar triumph for Homœopathy, by applying its doctrines and practice to the so-called surgical diseases of women, in such a way as to render less severe and fatal the operations which were necessary, and to correct the gross abuses which have crept into the allopathic school by the introduction of operations alike unnecessary and destructive.

But before proceeding with a more particular examination of these "Lectures," we must refer to the elegant style in which the publisher has brought out this volume. The clear white paper, fine and thick, the liberal margins, and new and choice type, leave nothing to be desired in the first perusal; while the marginal titles of the principal paragraphs and the copious index greatly facilitate its use in the study of difficult cases. Yet more worthy of note is the perspicuity of the author's literary style, which reminds one of that of Dr. Meigs in his celebrated "Letters to Students," or of that of Sir Thomas Watson, in his work on "Practice." As a lecturer, and as a writer, our author enjoys the same happy faculty of awakening and maintaining interest with the famous Philadelphia professor, but without the danger of diverting attention by imitating his prolix facetiousness.

Not less felicitous is Prof. Ludlam in his pathological descriptions, in his statements of the *rationale* and significance of the various morbid conditions, and especially in their differential diagnosis. Every single lecture might be appealed to in proof of this. For illustration, let it suffice to refer to "Aphonia," "Menstrual Headache," "Metritis," and "Uterine Cellulitis." Like "a story founded on fact," each lecture introduced by clinical examples is rendered intensely interesting and permanently instructive, the remembrance of these living illustrations forever fixing the whole in the mind of the attending student, and the animated narration of them vivifying the entire course of the lectures for all subsequent readers. New or remarkable pathological complications of a sympathetic nature, or otherwise, are portrayed in a most impressive manner. Occasionally, however, our author seems to alight on doubtful ground in his diagnosis, as in his case of "hysteria in a woman aged sixty," where, according to the symptoms given, the mental distress and accompanying convulsions were due to *external influences*, and not to uterine irritation, whether primary or reflex.

In commenting upon Prof. Ludlam's manner of teaching, it would not be right to overlook the frequently recurring and invaluable suggestions which he gives as to the physician's conduct in general practice, as well as in cases of emergency; to keep cool, for instance, and to make use of any domestic means which are ready at hand, such as a heated plate

wrapped in a cloth and applied to the abdomen in inflammation. His story of a physician who saved his patient by strapping the family Bible over the uterus, recalls the anecdote related to us by another Western man, who in a similar emergency saved his patient from speedy death from post partum hemorrhage, by dashing a pailful of water against the vulva. It might be thought that our author's directions for the preservation of order in the sick-room, and to prevent patients suffering from nervous affections, and yet apparently unconscious, from being disturbed by exclamations of fright or horror from bystanders, were quite superfluous. But this is far from being the case. While it is quite as essential to maintain order and quiet in a sick-chamber as in a school-room, many physicians seem to be unconscious of this necessity, or but too sensible of their own inability to secure it. And in this connection we may mention another excellent feature of this work, viz.: the *common sense* advice which it everywhere affords respecting the care of the sick. Prescribing medicine forms but a small portion of the physician's task; much that is indispensable to the comfort of the suffering, and in tedious cases to their recovery even, comes under the head of *first class nursing*; and if this is not spontaneously supplied by the attendants, the doctor must be capable not only of pointing out what is best, but also of seeing that it is properly attended to. In this respect Prof. Ludlam's volume is richly suggestive.

This volume embraces a wide range of subjects, and it could not be expected that among so many diseases all would be treated with equal ability; our particular mention of a few must not be understood, therefore, as disparaging the rest. In "vaginismus," neuralgia of the vagina, will be found much interesting matter, and we quite agree with the author's opinion that "milder means" should be employed first; since, even the severest cases must be due to some disorder of the larger nerves, or nervous centres, which is thus developed in their terminal fibres. The lecture on puerperal convulsions is very instructive. Dr. Holcombe's administration of chloroform per anum, was far more gratifying in its results than that given in another manner as reported by a physician at the Institute meeting last summer. "Bilious Colic during Pregnancy" and "Spinal Irritation" are both valuable articles. In the latter, *Cimicifuga* and *Ignatia* should not be forgotten. The discussion of Amenorrhœa, Dysmenorrhœa, Leucorrhœa, Dropsy, Cellulitis, and Chlorosis, deserve to be noticed in this connection, but space is wanting to point out their important features.

The lecture on "Uterine Surgery *versus* Uterine Therapeutics" deserves especial notice. Prof. Ludlam mentions the following as among the causes of the professional and popular favor in which the surgery of the diseases of women is held above the therapeutics: "1. The growing skepticism in the minds of specialists concerning the effects and efficacy of internal medication. 2. The natural preference which physicians, and their patients also, have for operative interference instead of internal treatment, whenever the former is possible. 3. The compara-



tively limited opportunities and skill of those who have labored especially to develop uterine therapeutics. 4. The bias towards harsh and harmful remedies whenever internal measures are employed. 5. The theory that constitutional treatment is destined altogether to supersede surgery in the management of these disorders." And we quite agree with him in his remarks on this latter reason. "Both are requisite, each\* in its proper place, but which shall be the more prominent will depend upon the peculiarities, habits, and education of the physician, and also, as we have shown, upon a variety of circumstances. To declare that either is superfluous, and to declaim against its employment, very naturally excites a prejudice against those who talk and act so unreasonably." To compensate for this undue tendency to exalt uterine surgery over uterine therapeutics, and to enable the latter to take equal scientific rank with the former, our author very properly suggests that it will be necessary "to have a series of new provings on women, which shall be made with the greatest possible care and discrimination," and "the most painstaking study of the differential diagnosis of the diseases of the female generative system."

Not less candid and judicious are the Professor's views respecting *alternation*. "It would be very wrong to claim that cures have not been effected in this manner, and equally at variance with the truth to assert that careful study and close observation do not lead a majority of practitioners more and more to prefer the single remedy." The most enthusiastic advocate for the exclusive use of therapeutic means could not but approve of our author's earnest protest against the employment of *astringent injections* into the vagina and uterus, especially in cases of menorrhagia. "Thousands of lives," he exclaims, "have been sacrificed in this very manner." A highly educated allopathic physician, a German, in large practice, informs us that it is his usual custom to inject into the uterus the *sesquichloride of iron* (diluted, and sometimes even *neat*) in severe and dangerous cases of post-partum hemorrhage. And he professes not to have seen any injurious results from this heroic practice!

With regard to the use of the *binder* after delivery, Prof. Ludlam inclines to maintain the ancient fashion, claiming that "when carefully and properly applied there is really no valid objection to it." The movement for the discontinuance of the binder is by no means confined to the homœopathic wing of the profession.\* An old school physician of our acquaintance, more zealous for the new method than prudent in his after-treatment, omitted the bandage in a couple of cases that came under our observation; both women dying in child-bed the whole responsibility was thrown upon the doctor, and he was openly accused of having caused their death by this departure from the established custom. Such risks do men sometimes incur, who seek to benefit their race.

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\* The hydropaths first proposed it.

Our author's skepticism "concerning the alleged power of Pulsatilla to correct a mal-presentation of the fœtus at any period of gestation, or in labor at term," seems to us quite unnecessary in view of the testimonies actually recorded, not to speak of those which might be gleaned from the later experience of other physicians. Dr. Croserio adds his own personal testimony to that of Dr. Bethman, in confirmation of this power of Pulsatilla to co-operate with and assist nature in shoulder presentations.\* Dr. M. B. Jackson, a most experienced accoucheur and competent witness, reported five cases in which a breech had been changed to a head presentation under the influence of Pulsatilla, one of the patients having "had four children before, all born by the breech."† Subsequently the same physician recorded two more mal-presentations, "one of the breech, and one of the trunk lying across the abdomen," in which a vertex presentation had resulted under this medicine.‡ In the following year Dr. Jackson reported four more cases of this kind, in which Pulsatilla was successful § When we remember how hard it is to prove a negative, we may feel at liberty to accept this positive testimony, at least until our own experience teaches us its falsity.

In describing the surgical treatment of those diseases of women which require such aid, Prof. Ludlam is very clear and intelligible; but our limits forbid particulars. In his therapeutics our author makes excellent use of several remedies which are as yet comparatively new, and of one or two whose names have scarcely been seen before in any homœopathic work. These latter are "*citrate of iron and strychnine*," which he gives with good results in the third decimal trituration to chlorotic patients, and *Veronica beccabunga*, first recommended by Dr. N. F. Prentice, who has given it internally in the first decimal attenuation, and applied it locally to the mouth in the proportion of ten to thirty drops in two ounces of soft water, with universal success in stomatitis materna, and in the sore mouth of children.|| Ammon. mur., Atropine, Cimicifuga, Valerianate of Zinc, and Naja tripudians, are advised in ovarian neuralgia; Gelseminum and Veratrum viride in ovaritis; Electricity in hysterical and menstrual headache; Chloroform and Veratrum viride in hysterical and puerperal convulsions; and Calcareæ phos. for excessive menstruation and aphonia, with tendency to tuberculosis.

Although in the thirty-four lectures (612 pages) of this work a very wide range of subjects is discussed, many of them copiously, as puerperal

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\* Croserio's Homœopathic Obstetrics, p. 51.

† Am. Hom. Review, vol. iv, p. 505.

‡ Hahnemannian Monthly, vol. iii, p. 321.

§ Hahnemannian Monthly, vol. iv, p. 279. Compare Dr. J. H. Marsden's remarks on this subject, p. 363, same volume.

|| Proceedings of Am. Inst. of Homœopathy for 1860; p. 92. "Report on Stomatitis Materna," by Prof. Ludlam.

convulsions and hysteria, for instance, some few of equal importance are either omitted or but slightly noticed. Cancer of the breast, puerperal fever, and the various forms of hernia of the female sexual organs, are not mentioned. Mammary abscess, "gathered breast," is mentioned with reference to its prevention when the flow of milk is profuse; but nothing is said of the class of persons who are afflicted with an almost inevitable tendency to such abscess, and no mention is made of the precious *Phytolacca* and the invaluable *Carbo animalis* and *Graphites*, by means of which this most painful affection is now brought much more under control. To our author's very full "treatment" of nursing sore mouth may be added Phosphorus<sup>30</sup>, originally advised by Dr. J. S. Shepherd, of California,\* and since confirmed by others' experience. In the "abdominal cramps and pains in pregnancy," for which, among other things, *Arnica* tincture is recommended, the *Arnica* oil will be found still more useful. In obstinate cases of *pruritus vulvæ*, which is often dependent solely upon the presence within the vagina of secretions that have undergone retrograde metamorphosis, bathing the external parts with Castile soap-suds will not be sufficient, even for purposes of cleanliness. The internal surface should be thoroughly syringed out. For the eczematous form of *pruritus* in elderly women, we have found a liniment made by dissolving one drachm of *Natr. sulph.* in three drachms of distilled water, and adding one ounce of Glycerin, very efficacious.

But we are admonished by the great length to which this review has already attained, that we must break off, notwithstanding the very strong disposition to go on writing about this book still farther. If what we have already said seems too greatly extended, in the mind of some reader, we can only say to him or to her—buy the book, read it, and you will then justify us.

**SCROFULOUS AFFECTIONS AND THE ADVANTAGES OF THEIR TREATMENT ACCORDING TO THE PRINCIPLES AND EXPERIENCES OF HOMŒOPATHY.** Described and Demonstrated by Numerous Examples of Successful Cures. By DR. H. GOULLON, of Weimar. Translated from the German, by EMIL TIETZE, M.D., Boericke & Tafel, New York and Philadelphia, pp. 255.

The homœopathic school of medicine has been twitted ere now by members of the allopathic school, and even by some within its own ranks, of making a bugbear of scrofula, as of the so-called psora of Hahnemann; of recognizing it where it did not exist, and of attributing to it powers for evil which it in no way possessed. To such charges the true homœopath may offer the following pregnant passage from Bamberger, and which constitutes the motto of this excellent and eminently practical production of Dr. Goullon: "Allopaths content themselves but too often with a removal of the peripheric phenomena, while the essence of the disease, the living centre, as it were, from which the most varied phe-

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\* *Hahnemannian Monthly*, vol. iii, p. 346.

nomens issue, remains in all its force unmoved, or is transposed to a locality still more dangerous. The homœopath, on the other hand, after a careful search for the peripheric morbid phenomena, endeavors to pierce the centre of the disease itself, and destroy it by a remedy homœopathically corresponding to it." Thus the allopath lops off the surface growth, and considers his work done; but the homœopath goes to the root of things, and works there to destroy the noxious weed, radix, stalk, and all. Hence the value of a publication such as this; one that regards the origin and essence of scrofulosis, its general pathology, its kindred dyscrasiæ, its special manifestations, and their treatment and cure.

To say to a fond parent, "Your child is scrofulous," is a very serious matter, as physicians have sometimes found to their cost. But if, while we pronounce this dreadful opinion, we are likewise enabled to give the glad tidings that not only the special manifestation of the disease can be cured, but that its very essence can be eradicated from the system, then the physician softens the blow he inflicts, and gives hope to the sorrowful parent; a hope which need not make the heart sick by its non-realization, if the physician be true to the principles of homœopathic practice.

To enable all to realize this precious possibility, the work before us eminently contributes. Our author gives us a very fair review of the pathology of scrofulosis, citing the opinions of many eminent writers on the subject; at the same time recognizing the fact that notwithstanding the vast amount of learning and research that has been brought to bear on the subject there is yet something unknown, perhaps unknowable, in the *cause* of scrofula. "Although the knowledge of this disease dates far back in ancient times, there is yet at the present day even, neither a Virchow nor an Oppolzer able to point out the last, so to say, biological cause of this dyscrasia. We must rest content, therefore, at least for the present, with a knowledge of its existence, of its various manifestations and their accompanying lesions, and strive to improve in its treatment."

In addition to this general pathological view of scrofula itself, we are treated to a brief account of the dyscrasiæ which have relation to it, such as tuberculosis, syphilis, sycosis, and rhachitis. Then we have, in Part II, the *special forms of scrofula*, as affecting A, the cutaneous system; B, the muco-membranous system—organs of sense, respiration, and digestion; C, the glandular system; and D, the bones and joints. Then follows the major and most important part of the volume, one hundred and fifty pages devoted to the treatment of scrofula in all its forms. The plan adopted by our author, we think an excellent one. He first gives, under the heading of a certain remedy, the general indications for the use of that remedy in scrofulous diseases and conditions, interpolating at the same time practical remarks and therapeutical hints; and then under the head of "*clinique*" supplements what we might term the theoretical indications of the remedy by a number of illustrative cases, which demonstrate the correctness of the former indications, and point out the curative action of the particular medicine. And these cured cases re-



ported are not dressed up to suit the occasion, but, we are assured by the author, they are given verbatim, and just as they occurred. The author very truly remarks: "It is more profitable if we participate in the subjective impressions of the author in the course of a clinical report; if we feel with him his troubles; and finally enjoy with him the favorable termination." His method is surely a practical one, and may be called exemplified homœopathy.

It is not necessary that we should particularize the remedies thus treated. Suffice it to say that all the so-called *antipsorica* are included, together with many others that do not belong to that class. And the work carries its own evidence that these have been written of by an able and truthful physician, which adds greatly to its value. We return our thanks to the translator, Dr. Tietze, and to the publishers, for making this work accessible to the English-reading profession. The translator has done his share of the work well, and the publishers have given us fine white paper, clear type, and neat binding. Goullon on Scrofulosis is a companion volume to Lord on Intermittent Fever. Of such books we cannot have too many, *provided* they are written by men of practical mind and large experience. Although there is a "Résumé of Cases Reported," at the back of the volume, which serves as a guide to its contents, still the book is badly in need of a complete index. Every book should have an index, and the more complete the better. There may be other means of entering the temple than by unlocking the door, but the key to the door-lock very greatly simplifies matters.

OVARIAN TUMORS: THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT, ESPECIALLY BY OVARIOTOMY: By E. RANDOLPH PEASLEE, M.D., LL.D., &c., with fifty-six illustrations in wood. New York: D. Appleton & Co., 1872, pp. 551. On sale by Porter & Coates, Philadelphia.

THE HOMŒOPATHIC VADE MECUM OF MODERN MEDICINE AND SURGERY. By E. HARRIS RUDDOCK, M.D. Fifth Edition, Twenty-third thousand. London: 1872, pp. 842. On sale by Boericke & Tafel.

These valuable publications have just been received, and will meet with due attention in the next number of this journal.

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## EDITORIAL NOTES.

PITTSBURG HOMŒOPATHIC HOSPITAL.—It is always with a feeling of peculiar pleasure and satisfaction that we call the attention of our readers to the annual report of the status and work of this excellent institution; the homœopathic general hospital *par excellence* of this country, up to this time. And the success of this institution is not only so very creditable to those excellent physicians and laymen who conceived the project,

carried it into execution, and conduct its affairs daily, and not only is a source of pleasure and pride to those of our profession who are capable of rejoicing at all permanent and substantial progress of our school, but it likewise points out to us all, how much good can be done by even a small body of homœopaths who are willing to work hard, and to work together, for the advancement of a good cause.

The report tells us that the number of patients treated within the hospital during the fiscal year was three hundred and nineteen, an increase of fifteen over the preceding year; while nearly four thousand eight hundred free prescriptions were issued from the dispensary department, an increase of two hundred over the preceding year. The current expenses of the year amounted to seven thousand three hundred and sixty-four dollars, and were met without a deficit. In addition to this, a floating debt of nearly five thousand dollars was paid off, through the liberality of a certain few of the friends of the hospital, who desire to have their names withheld. The institution is now free from debt, except a mortgage of ten thousand dollars on its valuable real estate.

Of the cases treated in the hospital, eighty-seven were surgical, and of all grades of severity; two hundred and ten were medical cases, and there were ten births. The deaths were fifteen out of the medical and five out of the surgical cases, or six and a quarter per cent. of the cases treated. The report informs us that five of these deaths were from consumption, one from hypertrophy of the heart, one from paralysis, one from internal injuries, one moribund when admitted, one from trismus, one from burning, and one from strangulated hernia already gangrenous when the patient was admitted. The *Medical Staff* of the hospital consists of H. H. Hofmann, M.D., J. S. Rankin, M.D., C. P. Seip, M.D., and W. F. Edmundson, M.D. The *Surgical Staff*, of J. C. Burgher, M.D., L. H. Wilard, M.D., and J. H. McClelland, M.D.

NEW YORK OPHTHALMIC HOSPITAL.—This institution is one that likewise reflects great credit upon its managers, and is not only doing excellent work for God's poor, but is sowing the seed that cannot fail to yield an abundant harvest to homœopathy. Through the munificence of Mrs. Keep, who out of gratitude for the help she had received, gave one hundred thousand dollars that the poor might be helped also, the institution has been placed on a sound financial basis; and with its handsome building, and its general character of usefulness, ranks high amongst the charities of New York. Its corps of surgeons and physicians are able and skilful; and when their statistical tables of diseases of eye and ear treated homœopathically, and of operations seconded by homœopathic medication, shall reach great lengths, shall represent very many cases, and shall extend over a long period of time, who can doubt that, if they show a superiority of results as compared with those of similar institutions under allopathic control, they will carry conviction of the superiority of homœopathic treatment into the mind of even the most sturdy and obstinate opponent of homœopathy in the medical profession. And

such arguments in favor of homœopathy as this institution can produce, are of the most convincing kind that we can lay before our medical brethren of another faith; for while a few would discredit them, the bulk of the old-school profession, being honest, would believe and ponder.

The last annual report shows that from October 1st, 1870, to October 1st, 1871, one thousand three hundred and twenty-four cases of disease of the eye were treated, of which seventy-nine were operated upon; and one hundred and eighty-one cases of disease of the ear were treated, of which three were operated upon. The results of treatment in either class of cases are not specifically given; but the surgeons, in their report to the Board of Directors, touch upon this point in the following terms: "Nearly all the patients have been greatly benefited, and many severe and dangerous forms of disease have been happily cured. Especially has this been the case in acute diseases, in which, for the most part, we have been enabled to prevent chronic and obstinate sequelæ. The success in chronic diseases, such for example as granulated lids, has satisfactorily demonstrated the value of our method, and many patients, who had become so blind that they had to be led to the hospital, have completely recovered their vision, *without the use of caustic applications*, which had been applied at other institutions, for months previously, without any beneficial result. . . . . As regards operations, we are glad to be able to record a smaller number, in proportion to the number of patients, than other institutions. Our statistics give us good grounds for believing that proper medical treatment may lessen the demand for the knife, and we feel quite justified in attributing the favorable results obtained from operations to the fact that serious inflammatory action has been prevented by the application of our system of therapeutics."

COLLEGES vs. HOSPITALS.—The history of homœopathy in this country might be comprised in two contemporary volumes—one made up of private memoirs, the other of public records. The numerous pages of the former, could it be compiled, would glow with the personal heroism, the various fortunes, and the earnest, self-sacrificing, and often inadequately rewarded labors of those who, by constantly healing the sick, and sometimes almost raising the dead, have made the name of HOMŒOPATHY a cherished household word, and its *practice* the greatest blessing known to humanity—save one. The chapters of the latter volume would contain, on the contrary, along with the history of a few noble institutions securely established, "the sad tradition" of many others either totally destroyed by professional rivalries and intestine strife, allowed to expire slowly from indifference and neglect, or still maintaining a feeble existence in spite of repeated reorganizations and much reconstruction.

The splendid success which from the very first has ever crowned the labors of the homœopathic profession as a whole, must be attributed to the untiring and concentrated exertions of individual physicians, each in his own sphere. While the manifest want of corresponding success in the public enterprises of our school, the failure of some of our insti-

tutions, and the insufficiency of others to meet the higher demands of the present age, must be ascribed to a lack of union among the different members of the profession, and to an evident and general reluctance to show in public affairs the same self-sacrificing devotion and unselfish heroism that ennobles the private lives of multitudes of our practitioners.

The exclusive persecuting spirit displayed by the Allopathic Medical Associations resulted in the formation of homœopathic societies, equally large and numerous, and as much more efficient as they are less bigoted. The attempts made to prevent graduation, except under a solemn promise to renounce homœopathy, of all suspected of favoring the new school of medicine, led to the establishment of Homœopathic Colleges in various parts of the country. To many persons the number and situation of these schools—none of them being endowed, few of them well supported, and some at least officered by physicians of no great standing in the profession—would seem to render them a curse rather than a blessing to homœopathy and humanity. It is true that these schools, with all their faults, have sent into the field many strong men, who are doing noble service; and it is true that they were organized to supply the urgent demand for medical education, where necessity precluded a too rigid scrutiny of the quality.

But now that a much higher order of medical instruction is required, let us hope that all these institutions will so exert themselves that a corresponding supply will be furnished to meet this new demand. Whether too many medical schools are already started, it were of little use to inquire; but we should greatly regret to see any more making a feeble beginning. We earnestly desire that all should succeed—if it be possible—but as an indispensable requisite to this, they must make themselves worthy of success. We look to see the professors making themselves better teachers of the several branches which belong to a thorough and practical medical education. And at the same time we look to see the other members of the profession lay aside even the *memories of past quarrels*, rise superior to all narrow and merely personal considerations, display in these public matters the same far-reaching and unselfish devotion to homœopathy that they always have in their private practice; and by their patronage, encouragement, and assistance of every kind, combine to render our medical schools worthy of the great profession that nominally springs from them and is virtually responsible for them.

But in respect to HOSPITALS we are worse off than in the matter of Colleges. The jealousies of individual practitioners, and the extreme bitterness of opposing parties, together with a general indifference to the common advancement of homœopathy, and a lack of proper *esprit du corps*, have rendered it impossible, hitherto, to combine the friends of homœopathy in the establishment, in our large cities, of general hospitals, whose extent and appointments should command the respect of the medical world, and whose records, compared with similar allopathic institutions, should prove the superiority of our system with an accuracy



that could not be denied, and on a scale too important to be ignored. The immense and altogether incapable of being computed advantages to our cause in public, and even to our private practice, which could not fail to accrue from such overwhelming accumulation of public testimonies, we voluntarily surrender for the pitiable privilege of quarrelling among ourselves! *Proh pudor!*

With the exception of the admirable hospital at Pittsburg, where no such obstacles were allowed to intervene, and where, in consequence, a generous laity united to sustain a noble charity recommended and upheld by a united profession, and of the *special* New York Ophthalmic Hospital, of which we have just made mention, the most of our homœopathic hospitals are either too limited in their means and objects and too much under the control of other organizations to promise much assistance to the cause they represent. Never can our homœopathic hospitals rise superior to their accustomed and chronic condition of mediocrity, and attain the glory and power of usefulness which belong to those of the old school, until our physicians become manly enough to rise above all personal prejudices, and are willing to sacrifice the present interests of the individual, the party, the clique, to the permanent well-being of the whole profession, the honor and glory of homœopathy, and the benefit of the human race. A large general hospital and special hospitals under homœopathic control, in every city in the land, sending out annual volumes of statistics showing the results of homœopathic treatment, would be conclusive arguments in favor of homœopathy, not only with the public, but with the allopathic branch of the medical profession also; and until we have thus demonstrated the superior results attainable from homœopathic medication, we are expecting too much when we ask the allopathic branch of the profession to believe that homœopathy is better than allopathy. Let us, then, have HOSPITALS.

**MORE BIGOTRY.**—The Boston *Herald* says that it is rumored that the commission of Dr. Ira B. Cushing, who was appointed Assistant Surgeon of the Third Regiment a few weeks ago, has been withheld because of a suspicion that he intends to administer homœopathic doses to the militia. Whether true or false, the rumor is probable, being on a par with recent proceedings. When will the Governor have the corresponding good sense to appoint a Chaplain General on his staff, to whom all appointments of regimental chaplains shall be referred, and commissions withheld unless the candidates belong to the Chaplain General's church?—*New Bedford Republican Standard*.

**HAHNEMANN MEDICAL COLLEGE OF CHICAGO**, commenced its winter term of lectures, with a class of sixty-two students. Prof. E. M. Hale delivered the introductory lecture, from which we clip the following practical paragraph:

"Suppose I were to read to you, who have no intimate knowledge of the functions, diseases, and relations of the heart, the symptoms of aconite, cactus, spigelia, or digitalis? You would get a vague idea that they might

be useful in some cardiac diseases, but no more. You would hear many symptoms which to you would have no apparent relation to the heart, but rather to remote organs. But if I should call your attention to certain recorded symptoms of those medicines, and show you the relation which they had to certain disordered conditions of the heart, you would be much more likely to remember them, and make use of them. In reading the symptoms of agaricus, belladonna, cina, hyoseyamus, and other similar drugs, you may come upon the symptom—*grinding of the teeth at night in sleep*. Instead of passing this symptom as trivial or obscure, your teachers, or yourselves, should say: ‘What does this mean?’ It is a quite important symptom. If a child grinds its teeth at night, in sleep, or in the daytime, one of three conditions is certainly present, namely: brain disease is impending or is actually present; or the child is troubled with intestinal parasites; or the digestion is impeded. In either case the irritation is of or through the brain. It is often the key-symptom, by which we diagnose dangerous maladies, especially in children. This is only one instance where apparently unimportant symptoms, if not properly associated in the mind with the facts of pathology and etiology, are passed and forgotten. So it is with the facts of chemistry, pharmacology, medical botany, &c., unless you associate them with collateral studies they will be almost useless to you in a practical way.’

THE HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY OF NEW YORK has issued its report for 1871. This report announces, among other things, that the company is engaged in collecting, and will shortly publish, statistics which reach far beyond the necessarily limited experience of the company, and which must prove of incalculable service to the cause of medical reform. Its assets over its liabilities amount to \$92,606. The following is its *mortuary experience* up to date.

Amount of Death Losses paid,	. . .	\$90,671.76
Whole number of Losses by Death,	. . .	36
Deaths from Accident,	. . .	5
Deaths from Disease,	. . .	31
Homœopathic Risks,	. . .	3,229
Non-Homœopathic Risks,	. . .	999
Deaths under Allopathic Treatment,	. . .	16
Deaths under Homœopathic Treatment,	. . .	15

or 15 out of 3229 homœopathic risks, and 16 out of 999 allopathic risks.

HERING'S MATERIA MEDICA.—Owing to the severe and protracted illness of Dr. Constantine Hering during the past summer, the work of preparing the *Materia Medica* for publication fell somewhat behindhand, and we are therefore unable to present the usual eight pages with this number. It gives us great pleasure, however, to inform the profession that Dr. Hering's health has greatly improved during the past fine autumn weather, and he has taken apparently a new lease of life, and, we

trust, will be able to give us for many years, to come, the advantages of his extensive reading, and vast knowledge and experience. We expect to print eight pages of the *Materia Medica* with the December number of this journal, and to continue regularly thereafter.

#### PERSONAL.

DUNHAM.—It is with great sorrow that we announce the serious illness of our highly esteemed colleague, Dr. Carroll Dunham. The following letter, received from Dr. Dunham, tells the unwelcome story :

NEW YORK, October 17th, 1872.

DEAR DOCTOR: I have been quite ill for a number of weeks ; and at last I am confined to room and bed. My doctors (Wells and Joslin) order me to avoid all work for a year and to leave the country. I feel, and admit with infinite reluctance, that they are right. I sail for Europe with my family on the 24th, to return when I am well and fit for work, if God grants that. . . . I hereby resign (*ex necessitate rei*) every position which I hold by appointment of the American Institute of Homœopathy. I leave my good name to the tender regard of my colleagues, and with an affectionate farewell to you and them all, I am,

Yours very truly,

CARROLL DUNHAM.

Dr. Dunham has made arrangements by which the various matters under his control will be properly cared for. We shall look forward now to the time when his return in health and strength will be announced ; and in the meantime we are sure he will have the sympathy and best wishes of the entire homœopathic profession.

SPARHAWK.—In heading the report of the *Vermont Homœopathic Medical Society*, published in the October number of this journal, we inadvertently dubbed Dr. Samuel Worcester, who sent us the report, the Secretary of the Society. The office of Secretary has been ably and satisfactorily filled for several years, by Dr. G. E. E. Sparhawk, of Gaysville.

BLAIR.—Dr. A. O. Blair, the veteran professor, of Cleveland, announces that the use of his name in connection with the Pulte College of Cincinnati is entirely unauthorized.

WILSON.—Dr. T. P. Wilson has left his first love, the Cleveland College, and gone to the Pulte College. Cleveland's loss is Cincinnati's gain.

MARRIED.—BIRD—CHANDLER.—At the Presbyterian church, Menominee, Mich., on Thursday, July 18th, 1872, by the Rev. A. P. Bissel, O. B. Bird, M.D., formerly of Utica, N. Y., but now of Menominee, to Miss Olive A. Chandler, of the latter place.

EVANS—WINSLOW.—On Sept. 19th, 1872, C. Horace Evans, M.D., of Beloit, Wis., to Miss Flora F. Winslow, of Keneshaw, Wis. Dr. Evans formerly resided in Philadelphia, is a graduate of the Homœopathic Medical College of Pennsylvania, and a young man of great promise in the profession.

VON TAGEN—FOUTS.—Our old classmate, Dr. Von Tagen, has found a partner in Miss Hattie E. Fouts, and with his bride, has emigrated to Cleveland, where the happy couple will be "at home" at the Weddell House, after Oct. 15th. We understand that the Doctor will take a position in the Cleveland College, for which he is well qualified.

## CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

### QUARTERLY MEETING.

REPORTED BY H. V. MILLER, M.D.

#### MORNING SESSION.

THIS Society convened at Dr. Miller's office, in Syracuse, at 10 A.M., September 19th, 1872. The President, Dr. L. B. Wells, of Utica, in the chair.

The minutes of the last meeting were read and approved.

Present: Drs. Wells, Benson, Clary, C. Baker, Rhodes, F. Bigelow, J. G. Bigelow, Hawley, Greenleaf, Marks, Schenck, Southwick, Sprague, Palmer, and Miller.

THE PRESIDENT thanked the Society for the honor conferred upon him, and proceeded to address them on the subject of

#### CHOLERA INFANTUM.

A healthy mother's milk was, of course, the best food for a child. But when from any cause the quantity or quality was defective, cow's milk must generally be substituted. As a substitute for cow's milk, various farinaceous preparations were used; but he recommended the farina manufactured by Penfield, Lyon & Co., of Oswego. In its preparation the coarse bran and the fine flour were removed. In many cases the food must be changed according to circumstances. Sometimes it becomes necessary to resort to animal food exclusively. When the stomach will not retain the latter in a liquid form, we must use raw beef finely grated, to which a little salt may be added. This is often eaten with a relish. This season he had had several cases of this disease chiefly confined to the lower bowels, for which cream diluted with water proved to be the best food. He protested against the use of white rubber nipples and tubes as a prolific cause of this disease. The white rubber contains not only sulphur but lead, the latter being used in the bleaching process. He invariably rejects white rubber, stating that if in a warm day such rubber be placed in fresh cow's milk, the latter will change within an hour. A child may be fed with a spoon. Neither he nor his wife could use their vermilion rubber dental plates without being salivated. He found *Ant. crud.* one of the best remedies in this complaint. Indications:



excessive nausea, vomiting, and white-coated tongue. When there were watery and greenish stools mixed with mucus, and griping before stool, which was forcible and profuse, *Gamboge*.

DR. GEO. B. PALMER stated that children using the white rubber nipples and tubes were more liable to have sore mouth and bowel complaints, the sore mouth occurring in a week or ten days after commencing to use the rubber, whereas after discarding the rubber they often recovered spontaneously. During the past three years he had made observations on this subject. In four fatal cases that came under his observation this rubber had been used. He objected to the use of all rubber for such purposes. He had often prescribed raw beef with success in cases of chronic diarrhœa and dyspepsia of adults, as well as in cholera infantum. He had many times observed that a little rubber in the pocket would blacken silver. This was doubtless caused by the sulphur contained in appreciable quantity in the rubber. Silver would be blackened when carried in a pocket which had previously contained rubber. He had observed that some ladies could not wear rubber pessaries because they occasioned irritation, soreness, and an offensive excoriating discharge, but that these symptoms would soon cease after removing the peccant cause. He had found several cases of cholera infantum that soon proved fatal, collapse occurring soon after the attack, which was introduced by sudden vomiting and profuse, watery stools. This year the mortality-rate had been unusually large. In Norwich, a village of four or five thousand inhabitants, ten children lay dead at one time.

The members generally found an extensive prevalence of this disease during the past summer.

DRS. WELLS, CLARY, and others, said that the mortality-rate this year under homœopathic treatment was not larger than usual.

DR. F. BIGELOW stated that rubber corks for medicine bottles were objectionable on account of their injurious effect on the contents. He had made observations on rubber for ten years.

DR. MARKS discountenanced the use of rubber nipples. He related an obstinate case of cholera infantum characterized by severe tenesmus, cold clammy sweat on the thighs, and immediate relief after stool. Case quickly cured by *Mercurius*.

DR. BENSON had had some gratifying experience with raw beef in cholera infantum. He said that Dr. Boyce relied chiefly on the use of raw beef in its treatment. Dr. Benson found in his practice that *Petroleum* was oftenest indicated.

DR. CLARY found *Acon.*, *Ars.*, *Ipec.*, and *Croton tig.* the most important remedies. He said they cured most of his cases.

The SECRETARY read the following paper with clinical cases :

#### CHOLERA INFANTUM.

This fearful scourge of infantile life is in its worst form characterized by obstinate vomiting, exhausting diarrhœa, gradual anæmia and emaci-

ation, and finally by symptoms of hydrocephaloid, such as strabismus, stupor, rolling of the head from side to side, convulsions, &c. It is caused or occasioned by improper diet; the food becoming sour; overtaxing the digestive organs during the rapid development of the infantile brain; mal-nutrition; first dentition; sultry summer weather and the impure air and water of densely crowded cities. There is also a theory that this disease has prevailed more extensively this year than usual on account of the alleged fact that the atmosphere has been highly charged with electricity.

The favorable conditions for prevention and recovery are pure air; when practicable a change of air; frequent bathing; suitable food and filtered water for drink—boiled water may be used when the former cannot be procured—and carefully and thoroughly scalding the bottle each time before using. But proper homœopathic remedies are requisite to remove profound lesions of the vital organs.

#### INFANTILE FOOD.

When from necessity infants are raised on the bottle, the milk should be rendered as nearly as possible like healthy human milk. Compared with the latter, cow's milk contains an excess of casein or cheesy matter, and a deficiency of sugar, water, and fat, these being the principal lacteal ingredients. The casein and albumen are digested by the gastric juice; the sugar by the intestinal juices; the fats by the pancreatic juice, and the bile itself, according to Dalton, by the other resolvents previously mentioned, when it re-enters the circulation. The superabundant casein of cow's milk being indigestible without an increased production of gastric juice, occasions gastric disturbance, vomiting, and perhaps diarrhœa.

Dr. Duncan states that in his dissections he finds the infantile liver much larger in proportion than that of adults, occupying one-third of the cavity of the abdomen. The Doctor suggests that this large hepatic development may be designed to furnish the requisite quantity of bile for the digestion of fat contained in the mother's milk. In the first place, it does not appear that bile is produced in a greater relative quantity by the infantile liver than by the adult. Secondly, it is in the office of the pancreatic juice, and not of bile, to digest fat. Thirdly, although the precise digestive function of bile has not hitherto been determined, it serves to neutralize the acidity of the chyme, to prevent fermentation, flatulence, and speedy putrescence, to excite the flow of the intestinal juices, and to be in some mysterious manner essential to healthy nutrition. Fourthly, the design of the said disproportionate hepatic development is not obvious, unless it be to supply the system with an increased quantity of sugar, the liver being a sugar- as well as a bile-producing organ. Relatively more sugar may be required in infantile than in adult nutrition.

In artificially prepared food for infants, the practice of adulterating it with various narcotic drugs and alcoholic stimulants may serve to dis-

guise the malady and complicate the case, but the expedient is unnecessary, unphysiological, and unquestionably detrimental to health.

When cow's milk is used for infants, a healthy new milch cow should be selected. After the milk is drawn, it should stand two hours and then the upper portion, which is richer in fats, should be dipped off, in hot weather boiled, and then diluted by an equal quantity of filtered warm water, and sweetened with loaf sugar or sugar of milk. As the child grows older, less water may be used, and after a time some good wheaten bread may be crumbled in. The temperature of the mixture should be about 98°.\* In cases of indigestion, cholera infantum, &c., instead of diluted milk, farina or oatmeal gruel may be used, to which a little cream is added. After preparing the farina or oatmeal gruel it may be strained before using.

#### CASES OF CHOLERA INFANTUM IN 1872.

1. *Calcarea phos.*—For several weeks during dentition a child had the following symptoms: Vomiting of food and drink; emaciation; diarrhœa; stools undigested, of curdled milk, with green specks; *much offensive flatus* (carbolic acid); during sleep head wets the pillow; head small; *Calc. c.* does no good. Case soon cured by *Calcarea phos. 2c.* Once afterwards a relapse occurred, with similar symptoms, which were removed by one prescription of same remedy. I find white papescent stools a clinical symptom of this remedy.

2. *Croton tiglium.*—A protracted case of infantile diarrhœa, with emaciation, yellow liquid stools, occurring chiefly after nursing, and discharged "like a dipper of water thrown upon the floor," was cured by two doses of *Croton tig. 2c.* When the remedy is well indicated, I find a few doses will suffice for a cure.

3. *Ipecacuanha.*—In several cases of cholera infantum, characterized by copious, fermented, flatulent, lemon-colored stools, with thirst, fever, and fretfulness, *Ipec. 6, 30, or 2c.* has proved to be specific.

4. *Pulsatilla.*—In a case of cholera infantum which had continued about a fortnight, the key-note proved to be an irresistible desire to be taken out into the open air. The child cried and worried all the time, and pointed to the door until gratified in this respect. When in the open air she appeared quite well. Color of stool somewhat changeable. Colic and diarrhœa worse at night. *Puls. 2c.* wrought a marvellous change, and soon effected a cure.

5. *Sulphur.*—In several Sulphur cases of diarrhœa and cholera infantum I have found dysuria and excoriated anus to be reliable indications. The nocturnal alvine evacuations often occur regularly at midnight and at 2 and 4 or 5 A.M. Hot palms and soles are frequently observed as attending symptoms.

6. *Veratrum.*—A child, eighteen months old, not yet weaned, had al-

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\* During the past summer I knew of a little child whose life was sacrificed, apparently, by carelessly giving it cold milk.

ways been puny and unhealthy. Finally, during dentition, he had cholera infantum, which continued two weeks, rapidly getting worse. He looked pale and emaciated; had great thirst; vomited all drink and nourishment; had a profuse, brown, watery, very offensive diarrhœa day and night, and during vomiting and diarrhœa he had a cold clammy sweat on the body, but chiefly on the forehead. *Verat.* 2<sup>c</sup> speedily cured.

#### AFTERNOON SESSION.

#### MENINGITIS CEREBRO-SPINALIS.

Papers on this subject were read by Dr. Greenleaf and the Secretary.

#### EPIDEMIC MENINGITIS CEREBRO-SPINALIS.\*

BY J. G. GREENLEAF, M.D.

AMONG the fevers, none has given the medical Solons more trouble in explaining its cause and propagation, and none of them is so apt to catch them unawares, as "Epidemic Meningitis."

The reasons why we are so apt to be at fault we shall see presently.

Those who have studied this disease closely have agreed:

- 1st. That it is in no degree contagious.
- 2d. That it is essentially a zymotic or blood disease.
- 3d. That though zymotic, it is not bred by dense populations.
- 4th. That it is in no sense miasmatic, though it may assume an intermittent form.
- 5th. That it has no recognized period of incubation.
- 6th. That it has no characteristic mode of invasion.
- 7th. That it is no respecter of persons; men, women, and children, in palace and hovel, all are liable to be stricken down when in apparently perfect health.

When we are brought face to face with this disease, we are painfully confronted by the fact that "what is to be done must be done quickly."

What wonder is it, then, that the medical fraternity should be thrown into a flurry when they are visited by it? There is so little constitutional disturbance that they don't know what to do—stimulate or deplete, blister or freeze.

It is agreed that cases taken at the beginning of the epidemic, at a given locality at a given time, are much more severe, and generally rapidly fatal.

The question suggests itself to us: How may I recognize the very first case?

The many differences in the mode of invasion, not only in different localities, but in different cases in the same locality, make it an exceedingly difficult matter to answer this question. The only thing which is

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\* The body of this article is composed of extracts from a paper by A. W. Woodward, M.D., U. S. Med. and Surg. Journ., vol. vii, No. 28. J. G. G.



a universal safeguard is, "*the extreme severity of the sufferings without apparently sufficient cause, or adequate constitutional disturbance.*"

After the first case or two in a given locality, the observing physician will find and recognize some symptom, or train of symptoms, which to him, in that particular epidemic, will be characteristic.

In the further progress of the disease the opisthotonos is nearly characteristic, only noticing, *en passant*, there are many *fatal cases* without it.

We will proceed now to indicate some of the more generally noticed symptoms.

*Pain.*—Headache of an excruciating character is almost always present. In some cases only intermittent, but always violent. Generally in the *occiput*. Pain in the spine, either in the lumbar or cervical region, more or less severe in different localities. Flying pains from one part to another often mislead the practitioner to pronounce it acute rheumatism.

*Debility.*—A great and surprisingly sudden loss of strength. Occurs sometimes before any pain is felt.

*Coma* occurs sooner or later in nearly all fatal cases.

*Spasmodic features.*—Tetanoid symptoms may or may not be present. Generally are when the spine is much involved. The opisthotonos, before spoken of, is the main feature.

*Eruption.*—The eruption which was so characteristic of this malady some time ago, seems to be fading out in the later epidemics.

In some fatal cases it has only appeared after death, and then some what modified, taking a purplish or blackish hue instead of the deep red color.

*Paralysis* often occurs early in the attack, rendering the case still more complicated.

The duration of this malady is from six hours to sixty days. Convalescence very tedious, and relapses common, and generally fatal.

Watson thinks a *bona fide* case rarely recovers full health.

If it selects any particular season of the year for its most violent assaults, it is late winter or early spring.

*Sequelæ.*—Hemiplegia, paraplegia, aphonia, deafness, loss of mind, are among the sequelæ of this disease, and it is but just to say that the allopathic convalescents are far oftener cursed by such sequelæ than those who recover under homœopathic treatment.

Stillé states the mortality at from 20 to 75 per cent.

The general course of the disease may be given as follows:

Anstie says the patient may be taken, while asleep or attending to business, with chilliness, prostration, vomiting, and a headache which is very distressing.

Subsequent cases will have premonitory symptoms, with sharp pains in the head, back, and limbs; in either case the pains finally concentrate upon the spine or head.

Then we find the muscles begin to contract, the head is drawn back-

wards, trismus and clonic spasms soon show themselves; these grow rapidly worse, and finally furious excitement of the mind, or deep coma, sets in; this is the beginning of the end; with it comes gradually increasing paralysis and death.

Prognosis is not to be influenced so much by the season as by the duration of the epidemic. More unfavorable in hearty and strong subjects, in children, and in adult life, after 35 years of age. Life most endangered during first four days of the attack.

It is generally admitted that the spinal symptoms are not as portentous as the cerebral.

Everything that tends to reduce the vital forces makes the hope of recovery more futile, and any complication whose tendency is to obstruct respiration or render it laborious makes the case a more grave one.

*Treatment.*—While the opium and calomel of the old school have very frequently proved to be knock-down arguments, and the brandy and beef all too weak to raise to health, or its similitude, the doubly weakened system, a large number of remedies claim the attention of the homœopathist, and in his hands have been, to say the least, moderately successful.

In suggesting the following drugs under general heads, it is only done for the purpose of classifying. A choice should be made by comparing all the symptoms with the particular case in hand.

Acon., Gels., Verat. alb., will be indicated in the chill and premonitory stage.

Bell., Hell., Hyos., Glon., Stram., Verat. viride, in the congestive stage, and delirium.

Nux vom., Verat. vir., Rhus rad., Cicut vir., Cimicif.: Convulsive stage, opisthotonos, &c.

Opium, Rhus tox., Lyc., Hyos., Acid. hydrocyan.: Comatose condition.

Arn., Ars., Carbo veg.: Complete exhaustion, involuntary evacuations, singultus.

Silicea, Calc. carb., Psorin., Sulph., in protracted convalescence.

Plumbum, Cuprum: Paralysis.

Sequelæ will be met by the usual remedies for those conditions in other diseases.

Most of the above remedies are recommended by those who alternate and use the low attenuations, as well as by those who use the higher.

One fact, however, is noticeable—that those who use the higher dilutions speak more confidently of results of medication in this malady.

It would be wrong to omit, in this connection, to notice the statement of Dr. Baker, of Batavia, made to this Society at a previous meeting, that in a large practice of all degrees of malignancy, Cicuta vir. 200 had scarcely or never failed him.

Dr. Donaldson, of Oconto, Wis., publishes a few cases, in which he shows the efficacy of Rhus rad., especially in the convulsive stage.

On invitation, DR. CHARLES BAKER reported his experience in this disease. He gave cases, and said that his chief remedies were *Acon.*, *Bell.*, *Gels.*, and *Cimicif.* One case was cured by *Ars.* Indications: Unquenchable thirst, constant vomiting, and watery diarrhœa.

The President being obliged to return home immediately on account of a violent case of this disease now under treatment, the Vice-President, Dr. Benson, assumed the Chair.

Drs. Schenck, Rhodes, Benson, and Palmer reported fatal cases.

DR. PALMER's principal remedies were *Bell.*, *Cimicif.*, and *Rhus.* He gave the indications for *Cimicif.* as follows: Excessive muscular soreness all over the body; great sensibility to touch and motion; spine very sensitive; delirium similar to that of delirium tremens; sees cats, dogs, &c. He reported two similar cases cured, having the following symptoms: After fourth day, occipital pain; vomiting; purple spots appearing, first on cervical spine, then the whole length of spine; delirium; double vision for two weeks; constant restlessness; head retracted. Remedies: *Rhus*, *Cimicif.*, and *Bell.* After a similar attack, the mother of these children died in thirty-six hours. He said that some fifteen years ago this disease prevailed as a very fatal epidemic in Chenango County. This year he noticed that the purple spots appeared on the third or fourth day; sometimes after death.

DR. BENSON reported a fatal case, that for two weeks presented the symptoms of a mild typhoid fever. Then there was some frontal headache; head became retracted; neck and back rigid; one pupil dilated, and the other contracted; perfect insensibility, and death in a few days.

DR. RHODES reported a fatal case in which purple spots appeared after death. Two other children, in the same family, had previously died of the same disease. In neither case was the head retracted. All vomited immediately after drinking (*Ars.*?). Some thought that the first case was one of poisoning.

DR. SCHENCK reported a case presenting, at first, symptoms of typhoid fever. Afterwards the head became retracted, and other symptoms of spotted fever appeared, followed by a fatal termination.

DR. HAWLEY had not had a large experience in this disease. Last winter he had three cases, which were cured mainly by *Bry.* One began with looseness of the bowels and gastric disturbance, with worm symptoms. Prescribed for worms two days. Then came convulsions and opisthotonos. Child lay on left side; could not bear to be moved. There was an almost constant *chewing motion* of the mouth. These symptoms suggested *Bry.*, which greatly relieved the case. The patient soon had an appetite. Overloaded the stomach, had too much company, and a relapse occurred, with convulsions, and same symptoms as before. *Bry.*, as before, gave relief. Afterwards, several relapses occurred, all of which were relieved by the same remedy. Consulted with Drs. Wells and Seward, who recommended *Cicut.* This did no good. During the last relapse there was, with convulsions, loud screaming and terrible

headache. Bry. relieved the convulsions, and Sil. the headache. The child recovered with a change of temper. He became vicious, a perfect little devil. There was no loss of intellect, but he had no recollection of his sickness.

*Second Case.* Symptoms: Vomiting; pains in arms and legs, and then convulsions with opisthotonos; lying on right side. Bry. relieved, convalescence was speedy, and cure in four days.

He saw a case in counsel with Dr. Hoyt. It was a relapse, from over-feeding. Death soon afterwards. He recollected a case to which he was called in counsel. Dr. J. F. Baker had been previously called in counsel, and on his recommendation Cicuta had been given, but without effect. The case had a fatal termination. In some cases he had observed red spots, in others purple. He related the case of a young man whom Dr. Miller saw in counsel. He had purple spots (ecchymosis) all over the body, but *felt* perfectly well. Dr. H. was surprised. The diagnosis was purpura. Prescribed for him, and the next day the purple spots disappeared, but vesicles appeared all over the face. On the hand there was an umbilicated vesicle, like variola. The next day the umbilicated vesicle seemed to become pustular. But soon all the vesicles disappeared, leaving no cicatrix on the hand or face. It was not eczema. There was no redness or itching. It was a singular case. There were no pustules, and hence it was not varicella. The palms were very red.

DR. CHARLES BAKER had not in his cases observed any spots.

DR. PALMER.—In the malignant epidemic that prevailed fifteen years ago, purple spots like a bruise (ecchymosis) usually appeared either before or after death.

DR. CLARY had not often observed the purple spots. Fifteen years ago, when he saw his first case with purple spots, he did not at first recognize the nature of the disease, but supposed it was variola. He returned to his office to refer to his books, and soon found that it was spotted fever. The epidemic was then far more malignant than it was recently. During its late prevalence he had had several cases, yet only one was severe. That was a lady forty years old. She had intense occipital pain, and pain in cervical and lumbar vertebræ; head retracted; vomiting; intense fever; pulse frequent but feeble; thirst; dry tongue, and great prostration; frontal headache; suppression of urine; bowels obstinately constipated; wakefulness. *Acon.*, *Bell.*, and *Rhus*, were at different times given. Recovery complete but slow. He said the disease was peculiar, non-contagious, according to the best medical authority. It travels through the country like other epidemics. Fifteen years ago after it appeared in Syracuse, it was three years in reaching Cortland, and six in reaching Binghamton, the latter city being about eighty miles south. He said almost every variety of treatment was pursued in the allopathic and homœopathic schools. He thought that the malignant form of diphtheria was one of the worst diseases with which we have to contend.



DR. GREENLEAF reported the case of his colleague, who had congestive chills; very great sensibility of the cervical vertebrae to pressure; fever; coma; insensibility. On the second week the case assumed a typhoid form of fever. Dr. Stevens, of Scranton, gave Arnica 2<sup>c</sup>, one dose. General amelioration after three hours. Dr. S. often gave this remedy in cases of complete prostration of the vital forces.

DR. CHARLES BAKER uses dilutions of Arn. root with good effect.

#### MISCELLANEOUS PAPERS REPORTED.

*Measles reproduced eight years after suppression and resulting opacity of the cornea, cured by Puls. 2<sup>c</sup>, and Sulph. 99<sup>c</sup>. By J. F. Baker, M.D.*

On the 6th of last June I was consulted in regard to a daughter of John Price, of Akron, N. Y., nine years old. When one year old she had measles. The servant girl took her into a cold room in February, in consequence of which the measles were repelled on the second day of their development. Immediately afterwards she had an affection of the brain and severe double ophthalmia. The brain trouble soon subsided, but the ophthalmia continued with great violence. Several physicians and surgeons were consulted to no purpose. The ophthalmia continued about five years, when perfect blindness occurred. This continued three years until I saw her as mentioned above. I found opacity of the cornea in both eyes; redness of the eyeballs; paralysis and extreme tumefaction of the eyelids, and a purulent discharge from the eyes. Her general physical health was good. Puls. 2<sup>c</sup>; dose every evening one week. Then, dose every other night to the sixteenth day. On the fourteenth day she began to cough and sneeze, with headache, aching in the bones, chilliness, and severe sore throat. These symptoms continued until the sixteenth day, when an eruption, precisely like measles, appeared. After an ordinary course of measles all the symptoms abated, and the eyes immediately began to improve. On the ninth day of the eruption a single dose of Sulph. 9<sup>c</sup> was administered, and in two weeks the sight was completely restored, and the eyes were perfectly well.

#### *Case of Hydrocephaloid Disease. By J. H. P. Frost, M.D.*

A boy, eleven years old, pale, delicate, feeble, with cold extremities for several days; thirst; sharp cries; lying with eyes half closed; drowsiness; had all the symptoms of hydrocephaloid disease, and from day to day had not been expected to live. Hell. 2<sup>c</sup> was given with some advantage. But the thirst and cold extremities remaining, Phos. 3 and Zinc 3 were given alternately once in two hours. These remedies restored the child from the condition described, but left him wakeful from debility and excessive nervous irritability. After a few doses of Apis 3 the child slept quietly, and was soon completely well.

#### *Lochial Suppression. Cimicif. Dr. C. Baker.*

This remedy in two hours cured a case of lochial suppression with de-

termination of blood to the head; sensation as if she would go crazy, and head drawn forward.

*Clinical Experience.* By H. V. Miller, M.D.

1. *Case of Convulsions from Cerebral Irritation. Cicuta 2<sup>c</sup>.*—A boy, two and a half years old, fleshy, with light hair and complexion, and blue eyes; when sleeping subject to scalp-sweat (Calc.); fretful; fever and hot head; was suddenly seized with convulsions with froth at the mouth, eyes rolled up, rolling the head from side to side, and increased heat of the whole head. After the convulsions I found the child screaming fearfully, with dilated pupils, great agitation, with convulsive motions of the limbs (Verat. v.), head, and trunk. The head was very hot, and the child would grasp at one's clothing in a frightened manner. Pulse rapid. Cicut. 2<sup>c</sup> soon relieved all the symptoms, and the child got some quiet sleep. The remedy was repeated several times the next day, until evening. Then the patient rested well until after midnight, when he awoke feverish with hot head, agitated with trembling of the limbs and of the lower jaw. Another dose soon removed all these symptoms, and the patient again quietly slept. Once afterwards, when similarly threatened with convulsions, Cicuta proved an unfailing resource.

2. *Cephalalgia. Ammon.*—A case of headache described as a severe boring pain in left temple, occurring in the evening and during the night, was perfectly relieved on two occasions by simply smelling Ammonia.

3. *Rheumatism of Deltoid Muscles. Ferrum.*—A young lady had omodynia last spring, affecting both deltoid muscles, for which she had taken Bry., Rhus, and various remedies without effect. I prescribed a single dose of Fer. 2<sup>c</sup>, which very soon entirely relieved the pain, and she felt no more of it until this fall, when there was a recurrence of the rheumatism, but this time only in the *left deltoid* (Sang., right). When moving the arm the pain was violent and lancinating, causing her to cry out. Two doses of the same remedy completely relieved the omodynia, and there has been no return for nearly three weeks.

4. *Dysentery.*—H. V. Miller, M.D., lately had an attack of dysentery characterized by frequent stools of bloody mucus, with some tenesmus and desire to remain long at stool; loss of appetite; debility; Merc. 2<sup>c</sup>; was enabled to attend to professional business as usual the first day.

Second day. Better; with dysenteric discharges; there are some fecal lumps; Nux 2<sup>c</sup>; attended to business.

Third day. Worse; dysenteric stools more frequent day and night; considerable tenesmus, with chills and backache; pulsation in anus; *Lach.*<sup>30</sup> relieved the last symptom and produced some general improvement; business as usual.

Fourth day. Dysentery worse; no medicines; awaited further developments; desired to ascertain whether a good cure could be effected under unfavorable circumstances.

Fifth day. Dysenteric stools nearly every hour until 10 A.M.; to-day and the previous day noticed an unusual symptom invariably attending the dysenteric evacuations; after stool, which was dysenteric and attended with chills, backache, and tenesmus, there was each time a free and involuntary flow of urine; 10 A.M., Alumina 1m, two doses, were all that were needed to effect a perfect and satisfactory cure in three days, and that without having to suspend business.

5. *Dysentery. Canth.*—In several cases of dysentery with discharge of bloody mucus like scrapings, this remedy did not disappoint me. In one of these cases there was considerable dysuria.

6. *Nasal Catarrh. Kali bich. 2c.*—Sept. 27, 1870. Mrs. N. D., middle-aged, has had nasal catarrh since girlhood; burning, excoriating, watery discharge from right nostril; whitish scabs in nostril; sensation of *pressure at root of nose*; eyes watery, worse in the wind; soreness of eyes in the morning; sensation of dryness in nostrils; dizzy on stooping and on going up-stairs; always had *cold, damp* feet (Calc. c.); formerly rather corpulent; easily takes cold; Kali b. 2c, two powders, cured, and there was scarcely any return until last summer.

Sept. 18, 1872. Same remedy.

7. *Sciatic Rheumatism. Rhus tox., Ruta.*—Sept. 27, 1871. N. D. complains of chronic rheumatism, mostly of right sciatic nerve; downward shooting pains; lameness; stiffness; worse before a storm, when sitting; on first moving, and during damp weather; better from dry heat; Rhus tox.<sup>30</sup> ameliorated pains.

Oct. 13. Shooting pains from back down outside of left thigh, and sometimes down sciatic nerve on first moving or on rising up after sitting; hamstrings, chiefly the outer, feel shortened and sore; rest well at night; Ruta<sup>30</sup>, one prescription, soon cured.

Sept. 18, 1872. There has been no return worth mentioning.

8. *Eczema. Lyc. 2c.*—H. V. M., after recovery from the attack of dysentery, took one dose of Lyc. 2c for a chronic, moist, itching eruption with excoriation, of some years' standing, located in the fold between the left thigh and the scrotum; palpitation of the heart, especially when lying on the left side. The eruption gradually healed, and in a week, for the first time, it was entirely well. General health seemed to be improved. Some other remedies for same eruption: Baryt. c., Croc. tig., Graph., Hep., Magnes. mur., Nat. mur., Paris, Petrol., Rhod., Sulph., and Zinc.

The Committee on Credentials, Drs. Clary, Benson, and Palmer, reported favorably on applications of Dr. Chas. Baker, of Fayetteville, Dr. J. F. Baker, of Batavia, and Dr. L. C. Crowell, of Syracuse, who were duly elected members of the Association.

DR. SCHENCK presented specimens of biliary calculi for the Society to examine by means of a powerful microscope kindly furnished by Mr. Twitchell, of this city. The specimens were discharged at stool every day, and sometimes several times a day. The microscope gave the in-

dentations of a soft shell almond, which they resembled very closely. Their size is a little larger than red clover seed. The Secretary stated that Watson designated this variety of calculi as glomeruli.

*Dr. Schenck's Report on Glomeruli.*

These accretions were collected on the 25th day of August last from the alvine evacuations of a woman 30 years of age. She has been affected with frequent discharges from the bowels for a dozen years or more, of watery or dilute character, and mixed largely with these concretions.\* They are heard plainly to strike the vessel when being discharged, and are always found at the bottom. She has frequently irritations of the urethra, calling her often to painful micturition. She employs enemata, with laudanum to soothe, as also to lessen the number of alvine evacuations. In this way she uses about a pint of strong laudanum per month. I have never seen the patient; she is now, as she *always has been*, under allopathic treatment. Her husband would like to use homeopathy, and has furnished the above narrative, also these specimens at my request. She never ate chalk, magnesia, or such exceptional things. I understand him there is no consistence to any of the rest of the stool, very thin, sometimes bloody (not hæmorrhoidal), "awfully bad smelling, like tainted meat."

You discover they are nearly uniform in shape and structure, looking like a diminutive almond. They are smaller now (Sept. 4th) than when I received them on the 26th.

Sept. 14th, 1872. Saw the patient, Mrs. R., from whom these specimens were obtained. She is rather low in stature, light skin, dark hair (not black), blue eyes; glandular predominance; soft flesh; nervously sensitive or sensitively nervous; a wreck from pilulæ hydrarg. in numerous and repeated campaigns, with decayed teeth; perverted digestion from all sorts of allopathic tonics, elixirs, and stomachics; and ever-varying painful discharges from the bowels. She makes daily use of oleum jecoris; has no cough; has much bloating or distension of the abdomen, which is more or less tender, and palpation of it leaves severe aches and long-lasting pains; has "lumps" in the abdomen hard and firm, but not always of the same size, nor are they very sensitive. She is regular though generally profuse in her menstruation; sensitive to the open air; sweats freely, and the kidneys perform well, though the abdomen is intumescent apparently from ascites. Did not examine the case by any manipulations.

A vote of thanks was unanimously tendered to Mr. Twitchell for the use of his splendid microscope.

Subject for discussion at next meeting: Bronchitis and Pneumonia.

Adjourned to December 19th, next.

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\* Does not remember how long these have been present in the discharge; two or three years certainly.



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NASAL CATARRH.

BY JOHN C. MORGAN, M.D.

(Read before the Philadelphia Hom. Med. Society, November 13th, 1872.)

PART I.

THIS affection, like every other, must be viewed from two points: 1. The idiosyncrasy, or constitutional foundation; 2. The local manifestation.

The word "idiosyncrasy" is commonly used to imply a slur upon the individual, as an anomalous, refractory conglomeration of physical traits, which exceptionally sets at defiance all general laws of nature in some miraculous way; and especially those laws which therapeutic philosophers of the allopathic school have *a priori* laid down for nature to obey.

In homœopathy, *per contra*, we recognize idiosyncrasies as the *rule*, not the exception; and by so doing, advance them to the very front rank of therapeutic indication.

Now, the symptoms of any idiosyncrasy are usually, if not always, utterly irrelevant to the mechanical special pathology of "coexisting diseases;" hence, from the usual standpoint of special pathology, trivial. But this view is certainly both narrow and shallow, for the "*synerasis*" (including all the results of habitual or accidental conditions) is a co-factor with the morbid cause in the pro-

duction of every case of disease ; hence the *idiosyncrasis* must be such factor also ; and any pathological or therapeutical view that blinks this fact is clearly false and contrary to medical positivism. It is our duty, therefore, *not to reject special pathology*, but to *recreate it*, on this type.

Again, in our much-abused *Materia Medica*, we see a mass of symptoms recorded as provings, many of which clearly existed in the subject prior to, although exaggerated, it may be, by the action of the drug. Many other symptoms are strongly suspected of like purely subjective character. Few there are, if any, among us who, up to the present time, would not have agreed that such symptoms once certainly detected should be wholly discarded. Even the veteran, Dr. Hering, has no better doom for them than to let them grow *as tares* among the wheat until the harvest, lest the latter be also plucked up ; meaning, thereby, that only symptoms distinctly caused by the drug are truly wheat.

It would be gratifying, indeed, as well as profitable, to distinguish purely constitutional and subjective from purely medicinal symptoms ; and let the former show what constitutions most respond to the drug ; the latter displaying the response itself. That would help us every day. But *medicinal symptoms* could not appear but by *subjective response*, hence are *half subjective* themselves ; hence, supposing one-half the symptoms of any proving to be independent of the medicine, or merely exaggerated by it, *the whole proving must be three-fourths subjective*. This, I am inclined to believe, at least. But shall we, therefore, discard or sift, *a priori*, or even *a posteriori* ? I think that would be most disastrous. As already hinted, every disease obtains a special, I should say, a *particular pathology*, from the idiosyncrasy attacked, *in every instance* ; and at least in the *progressive* stages, the symptoms of idiosyncrasy are *paramount* ; afterwards of *equal* value with the anatomical, at least ; and during convalescence, again *paramount* ; the latter, also, in chronic

states. The "particular pathology" being usually, however, an unknown quantity, symptomatology becomes a scientific and legitimate, if not the only scientific and legitimate refuge of positivism in therapeutics. I mean pure Hahnemannian symptom-covering, in all the progressive and retrogressive stages of disease; it being to therapeutics nearly the same as the process of "triangulation" in mathematics. This leaves one narrow province still under the rightful jurisdiction of the cruder, less positive and less accurate, but here paramount, mechanical pathology. I mean the stage of *acme* in diseases. All this must remain true until "particular pathology" be perfected. Since idiosyncrasy exists both before and after any disease, as well as with it, it is then a matter of course that in our records of medicinal diseases (provings) its symptoms cannot be separated, and are (to use the lachrymal phraseology of mechanical homœopathists) sadly, even hopelessly confounded with those of the drugs proper.

But this is, as matters stand, rather a recommendation. For if we can match symptoms proper to common pathology with those of any proving, and besides match symptoms of idiosyncrasy under the same drug, it proves that in the sphere of the occult "particular pathology," as in temperament, susceptibility, &c. (*i. e.*, in idiosyncrasy, and in sympathy with the drug action), the prover and the patient are nearly alike, and that the simile is perfect; whereby we make assurance of cure doubly sure.

But if only the symptoms of idiosyncrasy, not those of the morbid change in the organs, can be matched, what then? Why, then, it is still true that because of like susceptibilities, the prover and patient would certainly have had the *same diseases* and the same pathological symptoms, if laboring under *like exciting causes*, and be cured by this same drug.

Idiosyncratic symptoms are by some considered peculiarly "characteristic"—if they be evidently worked up

and exaggerated by the drug. High potencies are apt to do this.

The foregoing remarks apply peculiarly to the treatment of chronic nasal catarrh—a disease of pretty constant mechanical pathology, but having no pathological specific for its cure. Hence, symptomatology is all-important to success.

The provers of Hydrastis, in the Homœopathic Medical College of Pennsylvania, a few years ago, were subjected to a biting cold atmosphere at the time. Two sets of symptoms, as usual, appeared—the individual or idiosyncratic, and the mechanical. The former are mainly in the sphere of the forces; the latter mainly in the sphere of cell-changes. The former (“dynamical symptoms”) are largely mental and moral, sensational, subjective; the latter, largely tangible, mechanical, objective. Some persons, by deficient susceptibility, failed to experience much of either. My own system, so susceptible to Gelsemium, was one of the insusceptible, comparatively, under Hydrastis.

Now, what occurred in those who were susceptible, or had constitutions (idiosyncrasies) like those whom Hydrastis will cure? They got catarrh rather than piles or hepatitis, because the atmospheric factor worked on the Schneiderian membrane rather than on the liver. But in hot summer, the case might be reversed in the same parties, of course. Hence the absence of any disease in a proving is no reason for criticism if one chooses to give it in that disease on account of constitutional semblance. Some of these provers did indeed experience the hepatic action of Hydrastis as it was; doubtless because of extraordinary susceptibility in that direction. They are the very men who, with this their *idiosyncratic* similimum, might be cured of a great variety of complaints, but which find no place in the proving as pathological entities. The greater their constitutional semblance to the drug, the more certainly will any natural disease develop like symp-



toms (of both kinds); and the more certainly will the same drug cure them. And as the idiosyncratic or constitutional semblance appears not so much in the objective, *so-called* pathological sphere, as in the subjective, individual, or dynamic sphere, then must the latter class of symptoms, in both prover and patient, being also the most constantly and inevitably excited, assume the very first grade of importance in the prescriber's mind. It is, besides, questionable if drugs act *absolutely*, in all constitutions, on precisely the same parts and tissues, and in precisely the same way. If not, idiosyncratic symptoms are worth a premium, as dominant in even mechanical pathology.

For all these reasons, we might conclude that the sifters of the *Materia Medica*, and critics of pure homœopathy, not the purists themselves, are required to apologize for superstition, non-positivism, and want of science in prescribing. Not to be misunderstood, however, I would advise both sides that they may well cry "*peccavi!*"

## PART II.

The mechanical elements of the pathology of nasal catarrh are doubtless familiar to the members of this Society; the constitutional elements may be inferred from the works lately issued by Grauvogl and Hausmann. My own *brochure* on "The Action and Classification of Medicines" (and I might add, "of Idiosyncrasies") is an effort in the same line, the substance of which has long been part and parcel of my daily practice and thought.

Briefly to review these constitutions, and from them to give some leading indications for the selection of remedies, will be the object of the remainder of this paper.

The constitution most susceptible to this affection is the strumous of every type. The leading types are the sanguine and the lymphatic; the former illustrating the oxygenoid of Grauvogl, and my own fourth class; the latter, the hydrogenoid of Grauvogl, and my own third class.

Grauvogl's carbo-nitrogenoid, the remaining constitution of his three classes, is the hemorrhoidal, bilious, scorbutic vice, and is allied with my own fourth, also third class. This is by no means exempt from chronic nasal catarrh.

The exciting causes differ somewhat in these, as their subjective symptoms also do; whilst the curative medicines differ likewise.

Thus, in the sanguine, strong, highly oxygenated air is mischievous; in the latter, moist weather is hurtful; just as with all other of their respective diseases. In the carbo-nitrogenoid, strong air is almost a panacea. Intermediate states give intermediate indications.

Again, they differ in symptoms. Thus, the sanguine (so-called "florid"), or oxygenoid, will often have either a persistent flush or sudden rushes of blood to the external surface; dropping of fluid from the posterior nares; fullness and aching, and sense of flowing or dropping of fluid in the frontal sinus; inclination to refined tastes and habits, &c. The lymphatic, or hydrogenoid (so-called scrofulous) will be sluggish, the whole system lacking in circulatory activity, especially the extremities; even, it may be, to clammy foot-sweat; the glands inclined to swell painfully; general flabbiness; materialistic tastes; nose painful, dry, clogged with yellow fetid pus, &c. The medicines correspond; the first is a picture of *Ferrum*, the anti-oxygenoid of Grauvogl, and member of my fourth class. The other picture will be quickly recognized as belonging to *Calcareo carb.* And again, the *Aurum* case, mentioned hereafter, may illustrate the carbo-nitrogenoid. These are typical cases; but the variation from these types is all but infinite, and the remedies therefore legion. Diet also agrees; the first is aggravated by stimulants and strong food—the last by poor feeding.

Mechanically, nasal catarrh is hyperemia, with excessive cell-proliferation, followed by degeneration, occurring, under atmospheric or other irritation, first (usually) in the mucous membrane of the nose and of the frontal and

ethmoidal sinuses. The adjacent parts are very liable to sympathize: hence, the throat, Eustachian tube, cavity of the tympanum (causing deafness), &c., all may be found in a state of inflammation, and impaired substance, and function, in consequence of, or in conjunction with, the nasal inflammation. As the affection proceeds, the subjacent fibrous and bony structures participate more and more, ulceration with fetid suppuration occurs, often rendering the patient a nuisance to others and to himself, the discharge occurring anteriorly or posteriorly, or both; the concomitant pains taking their character from the tissue particularly suffering, the exciting causes, and the locality concerned. Thus the mucous membrane has pains like the sore edge of a nostril, tender, excoriated, smarting. The fibrous tissue, a distensive aching; the osseous, boring, hard aching as in carious teeth. Mercurius may suit either of these, especially if the discharge be fluent, anterior, excoriating, with evening aggravation. Of Hydrastis, if the pain be frontal, sharply aggravated by snuffing up cold air, the discharge tenacious and posterior, clogging the posterior nares—morning aggravation.

Destruction of the parts may obliterate the nasal septum, the palate, &c.; especially in those sad cases where, upon a strumous base, syphilis and mercurialism have been superadded. For such, *Kali hydr.*, *Nitr. ac.*, *Kali bichrom.*, *Aurum*, &c., are required. *Kali hydr.* suits a delicate skin, with profuse, watery, anterior coryza, acrid, and attended with redness and swelling, and nasal voice, and extending to eyes and ears; desire to walk in the open air.

*Nitric acid* suits a dark, dirty skin; obstruction with fluent or dropping coryza; often mucus, only from posterior nares; red, scurfy tip and nostrils; feeling like splinter on touching it; fetor.

*Kali bichrom.* has ulcers which look as if excavated by a punch; discharging scabs, like "clinkers," hard, tough,

elastic; dryness or fluency; stuffing; the septum appears to be a particular point of attack; also the pharynx.

*Aurum* suits the bilious patient, especially if left side suffers; blows out blood; much headache; constipation; piles; mucous discharge, posterior, in the morning; internal soreness of nostril; frequent sneezing; caries.

*Sticta pulmonaria* has the most marked relation to a stuffed, painful fulness of the ethmoidal sinuses and superior meatus, and of the bridge of the nose; with entire loss of smell; frontal headache.

*Pulsatilla* has never proved as useful in my hands as our books led me to expect. Besides its notorious general and moral symptoms, its principal trait is a thick, greenish-yellow discharge; also, the outer edge of the nose ulcerates, with watery oozing. These two symptoms will probably prove the key-notes of this drug.

*Silicia*.—Sensitive ulcers high up in the nose, with gnawing pain; fetor; painful dryness; with every fresh cold, stoppage and acrid discharge. Stoppage persistent, from hardened discharge; loss of smell; must keep the head wrapped up; sneezing in cold air; chilliness.

*Sepia* is highly praised by Dr. T. S. Hoynes, of Chicago. I have little experience with it. Discharge is *blown out* in yellow-green lumps, with blood. Nostrils ulcerated. Tip of nose inflamed, swelled, scurfy. Besides, consider the general key-notes.

*Arsenicum* has a profuse, watery, burning, excoriating discharge; oppression of the chest; must keep warm.

*Sulphur*, in refractory or relapsing cases; with the cachexia so well known as indicating this drug, and marked by its historic constitutional key-notes.

*Glanderine* is said to have proved useful in some cases of malignant ozæna.

*Cepa*, *Euphr.*, *Gelsem.*, *Bell.*, *Acon.*, *Squill*, are useful in the early stages. *Camphor* is a Samson against the prodromic symptoms of this and many other acute inflammations.



*Cepa* (onion) has sneezing, bland lachrymation, fluent *acrid coryza*.

*Euphrasia* is similar, but has *acrid lachrymation* with bland fluent coryza.

*Gelsemium* presents a picture of influenza, febrile, with catarrhal symptoms (redness and discharge) of the whole mucous tract, or parts of it. Also, in the "summer cold," with violent morning sneezing, Dr. Lippe has found it very useful. My experience confirms his. The edges of the nostrils are often red and sore. Hands and feet cold in the afternoon; then drowsy fever, lasting until towards morning; half waking and talking in sleep.

*Belladonna*.—Inflammation, redness, stoppage, fluency; tonsillitis; sudden and short *spells* of pains; right side worst; frontal headache; redness of eyes; drowsy, but cannot sleep; febrile flush.

*Aconite*.—Persistent, violent sneezing, fever, thirst, restlessness, coryza, dry or fluent.

*Squilla* is commended by Dr. Guernsey in cases which present, as he says, "a regular general snizzle;" lachrymation, fluent coryza; mucous cough, with spurting of urine, and even of watery stools, as I have myself observed in a child.

As to posology, I find most satisfaction from prescribing six powders of the 200th; giving twice a week two powders—one night and morning. *Ferrum acet.*, 2d trit., in naso-pharyngeal abscess, three times a day, after meals. In polypus, *Teucrium*<sup>6</sup> bis die.

The treatment of this, as well as all other diseases, will be greatly facilitated by a clear apprehension of the keynote symptoms in each case. These may be sought for under the following heads, viz.: 1. Locality, minutely considered; as, the bridge of the nose suggests first, *Sticta pulmonaria*; the posterior nares, *Ferrum*, *Hydrastis*; the anterior nares, *Merc.*; pharynx, *Kali bich.*; &c., &c. Gregg's Illustrated Repertory is an attempt in this direction, of decided importance, as it seems to me. 2. Tissues af-

fects; as mucous membrane, *Merc.*, *Hydrastis*, *Ferr.*, &c.; cartilage, *Argentum*, &c.; bone, *Calcarea*, *Sil.*, &c.; skin, *Sulph.*, *Lyc.*, *Ars.*, and others. 3. Causes; as mercurial poisoning, *Nitr. ac.*, *Hepar*; combined with syphilitic taint, *Aurum*; with scrofula, *Calc.*, &c.; from cold, damp weather, *Dulc.*; cold, dry air, *Acon.*; from summer chill, *Gels.*; from cutting the hair, *Bell.*, *Sep.*; from uncovering the head, *Hepar*, *Nux vom.*, *Sil.*; from a general wetting by rain, or "falling overboard," *Rhus*, &c. 4. Nature of morbid signs: sensations, secretions, tissue-changes, &c.; as trickling or dropping sensation (of fluid), *Ferrum*, *Merc.*; thick, obstructing phlegm, *Hydrastis*; ropy phlegm, *Kali bich.*; acrid water, *Cepa*, *Arsen.*, also, *Arum triphyllum*; redness, *Sulph.*, *Puls.*, *Ars.*, *Gels.*, *Merc.*; pimples, *Lyc.*, *Sulph.*; ulcers, *Merc.*, *Aurum*, *Kali bich.*, *Hydrastis*, &c.; intensely sore, sensitive feeling, *Arum triphyl.* 5. Mental concomitants; as moroseness, *Hydrastis*; weeping mood, *Puls.*; despondency, *Aurum*, *Sil.*, *Ferr.*; inertia, *Merc.*, *Calc.* 6. Physical concomitants; as hepatic or hæmorrhoidal troubles, *Hydrastis*, *Merc.*, *Nux vom.*, *Sulph.*, &c.; if leucorrhœa, *Sepia*, *Hydrastis*, *Merc.*; if rheumatism, *Dulc.*, *Rhus*, *Merc.*, *Puls.*, &c.; if headache, *Sticta*, *Sil.*, *Ferr.*, *Acon.*, *Gels.*, &c. And so on through the endless phases of vital phenomena.

## RÉSUMÉ OF A PROVING OF ODO-MAGNETIC SUGAR OF MILK.

BY S. SWAN, M.D.

MR. S., aged 53 years; light-brown hair, fair complexion, blue eyes, tender skin; with tendency to rheumatism when taking cold, and a neuralgic pain in back of head; at the time of the proving felt entirely well.

*Generalities.*—Restless and uneasy during early morning hours; all the pains and sensations seem to flow from within outward.

*Mental conditions.*—Forgetfulness; could not concentrate my thoughts in the morning long enough to construct two sentences in my mind.

*Sleep.*—Uneasy sleep; dreamed of duties to perform, but could not find energy nor coherent system to accomplish them; unable to sleep or lie for one minute on the left side, from an intense pain or stitch in the serratus magnus muscle; continued twenty-four hours.

*Fever.*—Slight fever on the fourth day.

*Head.*—Feeling as if struck by a hammer on the top of the head, left side, first day; blood rushed to the head and ears; fulness all over the head, with dimness of sight; vertigo, with weakness of the knees; vertigo, with weakness in calves of the legs, with a sensation as if he would fall to the left side; vertigo, with tendency to fall to the left; vertigo, with nausea and weakness of the arms and legs; pain in the scalp over right organ of combativeness; pain behind the right ear; pressure in upper part of forehead; great pressure from within, toward the upper part of forehead, outward; pressure in upper back part of head; head sore, as from the after-effect of strong drink; tendency of the blood to the head.

*Eyes.*—Eyes dry and burning, as if the lachrymal gland had dried up; dryness of the eyes, especially the left, it seems as if filled with dry dust; dryness of the eyeballs, which is very annoying; eyes very dry and painful; continued severe painful burning in the eyes, with excessive dryness; eyes painful and weak, feel hot and painfully swelled; sight blurred; great dimness of sight.

*Ears.*—Pain toward the interior of the ears, as if they would burst outward; pressure from within toward the outer ear; pain in the right ear; pain in the lobe of the right ear; right ear very sensitive to the least draft; ears very sensitive to touch; heat in the left ear and cheek; excessive cold, and painful irritation of the inner right ear; gland behind the left ear painful, the pain extending down to the neck.

*Nose.*—Smell of fruit is very offensive.

*Face.*—Rush of blood to the cheeks and head ; sensation of fulness in both submaxillary glands ; heat in left cheek and ear ; flushing of the right cheek over the malar bone ; painful flushes of the cheeks beneath the eyes.

*Teeth.*—Sensation of pain all around the teeth ; pain in the right upper bicuspid tooth ; pain in the left upper bicuspid tooth ; pain in the left canine tooth ; throbbing in the right upper bicuspid tooth.

*Mouth.*—Painful scraping sensation in roof of mouth ; pricking pains all over the surface of the tongue.

*Throat.*—Throat sore on the left side ; sore scraping sensation in throat.

*Appetite.*—Great thirst.

*Stomach.*—Sensation of rawness all over the stomach and chest.

*Abdomen.*—Distress in abdomen, with looseness of the bowels ; flatulence ; rumbling in bowels.

*Stool.*—Stools loose, also late in the evening, which is very unusual.

*Genital Organs.*—Third day. Thus far during the proving the genital organs are without energy ; pain in both spermatic cords.

*Larynx.*—At noon, when attempting to speak, the voice was choked, with a scraping sensation in roof of mouth and throat (second and fourth days) ; dryness of the upper part of larynx.

*Chest.*—Sensation of rawness all over the stomach and chest inside ; rawness beneath the sternum and inside the chest, seeming to flow outward ; raw soreness through the chest, and below the region of the right scapula ; intense pain in the muscles of the left chest when lying on that side.

*Back and Neck.*—Neck swelled so that the collar, ordinarily loose, felt too tight ; very painful dyspeptic sensation (?) in back, under both shoulder-blades (first day) ;



pain under the right shoulder-blade (second day); pain under the left shoulder-blade (third day).

*Extremities.*—Weakness in muscles of the arms and legs; vertigo, with weakness in the knees, as if he could not keep his balance, inclining to fall to the left; weakness, especially in the calves of the legs, as if he would fall; a feeling of swelling in the upper part of both arms, but more particularly in the right, as if he had been exercising by lifting heavy weights.

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## CUPRUM: A PHARMACOLOGIC STUDY.

BY DR. C. HEINIGKE.

TRANSLATED BY EMIL TIETZE, M.D.

THE designation of this remedy by the symbolic term Venus ♀, originating with the alchemists and physicians of the middle ages, shows that this element had found its use for curative purposes even in the early developing epochs of medical science. As regards the other oldest metals, distinguished as simple bodies, we meet in a like manner with the symbolic designation by the name of heavenly bodies already known in antiquity. Thus Aurum was designated by Sol ☉, Argentum by Luna ☾, Ferrum by Mars ♂, Stannum by Jupiter ♃, Plumbum by Saturn ♄, Hydrargyrum by Mercury ☿.

Even the supposition is well grounded that alchemists and spagyrist made a much more extensive use of this metal as a curative agent than the physicians of other schools up to the most recent time, with the exception of those who practice according to the homœopathic method of healing or the maxims of Rademacher; for among the physicians of these therapeutic schools the importance of this metal as a remedy is recognized and acknowledged. We may presume that, already before Paracelsus, the alchemists made frequent use of all the metals mentioned, for curative ends, and the more so as the opinion is not without foundation that the alchemistic physicians used a solvent for the elaboration of their preparations which

modern chemistry has not undertaken as yet to produce. Regarding the probable nature and manner of preparation of this alchemistic menstruum, we will furnish, perhaps, a brief report in another article; at this place it would lead us too far away from our subject. But the more the secret of the method of preparing the alchemistic *Oleum æruginis, sive Spiritus vel Essentia, quintessentia Veneris* fell into obscurity with the dying out of the adepts as its keepers, the more also seemed the credit of copper as a remedy to go down among physicians, which partly is to be ascribed to the fact that the indications for the appropriate application of this remedy became lost amid the polypharmacy in vogue, and partly may be explained by the circumstance that, on account of the corrosive nature of the preparations (limatura cupri and cuprum oxydatum nigrum excepted), the usual large doses produced undesired phenomena of intoxication.

In the modern therapeutics of the universities, *Cuprum sulphuricum* scarcely figures as an ingredient of "croup-powders," and this or *Cuprum aluminatum* in solution, as a lotion against ulcers of the conjunctiva and cornea. Even the *Emplastrum æruginis*, vulgo "corn-plaster," as a popular remedy, seems to share the fate of the "scientific" preparations, and like *Cuprum sulphuricum ammoniatum*, formerly celebrated as an "antispasmodicum," to be transmitted to obsolescence.

The more thankfully we must hence acknowledge that two able and ingenious physicians, Hahnemann and Rademacher, guided by studies and observations, undertook to prove the value of this metal as a remedy, and to bring it forth out of the shadow of undeserved neglect, establishing, as they did, each one in his own way, indications for curative ends in disease; the one according to the results of physiological provings, the other according to the results of observations *ex usu in morbis*. The observations of both agree, and the clinical data complement the physiological symptomatic provings, wherever we notice any gaps.

#### *Generalities.*

Symptoms of intoxication: The compounds of the oxide of copper, with acetic, sulphuric, nitric, and hydrochloric acids, introduced into the stomach, even in small doses, act as corrosives and produce violent retching, vomiting,

pains in the stomach and intestines, diarrhœa partly mixed with blood, general prostration, agony, small pulse, fainting, and cramps. The chronic poisoning with copper characterizes itself by a metallic taste, disturbances of digestion, nausea and vomiting, colic, delirium, nervous attacks of various kinds up to paralysis of single parts, greenish discoloration of the hair, cachectic phenomena accompanied even by febrile phenomena. Corrigan and others draw the attention to the purple streak which forms at the edge of the retracted gums, and only disappears slowly. Moreover, very much seems to depend upon the state of aggregation and the quality of the chemical combination in which copper is introduced into the organism. Among some persons we find a considerable degree of immunity against metallic copper and the oxide of copper. Stædeler and Langenbeck have instituted experiments on dogs, in order to examine into the effect of the fatty-acid salts of copper. They found that the solution of the oxide of copper in fat, and also the salts thereof, containing fatty acids of a high atomic weight, such as stearic and oleic oxides of copper, act noxiously in but a slight degree, and never lethally; but that those salts of copper containing volatile, fatty acids, such as butyric acid, for instance, act as powerful poisons.

Dr. Mair, in his experiments upon animals, marks out the increased secretion of bile and the soft character of the parenchyma of the liver. In the bodies of persons poisoned by copper, especially with the basic acetate of copper, Rokitansky found the mucosa of the stomach injected in various degrees, ecchymosed, bleeding; at the same time swollen and loosened; hemorrhagic erosions. The mucosa of the small intestines showed itself similarly affected; simultaneously the solitary follicles and Peyer's plaques were swollen, and the former, frequently infiltrated by pus, had suppurated into small ulcers. Moreover, also, the mucosa of the colon exhibited extensive loss of tissue; the peritoneum was injected now and then with flocculent exudations.

Orfila and other chemists considered copper to be an integrate constituent of the human organic tissue-parts; the view of other chemists is more probably correct, according to which the copper found by analysis was looked upon as an accidental constituent.

Rademacher arranges *Cuprum* together with *Ferrum*



and Natrum nitricum in the class of his "*universal remedies*," though he confesses himself that, with the remedies named, the series of universalia of the spagyrist is not closed as yet. Rademacher was no theorist and did not wish to be one; on the contrary, he was opposed to all theories. However, he needed a thread, whereby to connect in a comprehensive manner the facts of his experience regarding the effects of drugs on the sick, and thus took refuge in the classification of his drug preparations into *universal* and *organic* remedies.

When the ingenious Dr. Kissel changes the designation of "*universal remedies*" into "*blood remedies*," the change of the name at first sight has something winning, no doubt. Yet the blood in its qualitative relations, on the one hand, is itself but the product of manifold tissue-functions, hence, cannot be altered permanently in its mixture so long as the blood-making organs have not previously been modified in their activity. On the other hand, the final *modus operandi*, according to which a remedy is said to be a blood-remedy, in so far as it is to cure a presupposed, definite quality of blood-disease, is faulty, since it amounts to a *petitio principii*. For the same reason, Sulphur, Calc. carb., Phosphor., and many other remedies, for instance, could, with more right be declared to be blood-remedies. However, the remarks made by Rademacher on the application of this remedy among the sick, deserve attention as clinical hints. He marks out that copper is especially to be considered when, in view of the age of the patient, exhaustion of the entire vital force appears at too early an hour, which increases the danger in cases of acute disease. Besides, that the favorable influence upon the course of an acute disease already shows itself upon oft-repeated doses of this remedy within the first twenty-four hours, at least as regards the subjective side of the patient.

As another criterion for the appropriate or inappropriate continuance of the remedy after the period of time stated, he mentions the peculiar phenomena in the secretory condition of the kidneys. If the sour and turbid urine of a dark color, voided in small quantities, *cæteris paribus*, is secreted somewhat more copiously, in which case it appears lighter in color and clearer, this circumstance, in combination with the observed improvement of the subjective condition of the patient, slight though it be, speaks



for the favorable effect of the remedy, and for its continuation. When, on the contrary, the secreted urine does not increase qualitatively, but rather decreases, its color becomes still darker and the existing turbidity of it progresses to the formation of sediments and precipitates, then no improvement is to be expected from the continuation of the remedy; it is inappropriate then for the case in question.

If, finally, the urine, upon the use of Cuprum, assumes an alkaline character, this circumstance furnishes an indication for the administration of Ferrum. In acute diseases the epidemic constitution has to be attentively watched as regards the application of this as well as other remedies. It cannot be denied that the observance of these hints may be of benefit to the practicing physician.

Dr. v. Grauvogl, who likewise has frequently observed the effects of copper in diseases, in his manner of explaining the *modus operandi* of this remedy seems to lean mainly upon the physical experiment, according to which finely-divided copper (hence in the molecular form) possesses the capacity of absorbing large quantities of ozone, and from this capacity of absorption he vindicates, moreover, the faculty of exciting the functional energy of the organs by means of an increase of the process of oxidation within the tissues. In accordance with this view, the increased organic function is to be considered solely as the result of the physiological process of a *modus* of oxidation excited to more rapid action. Although it can neither be denied, as a general thing, that the so-called vital functions go hand in hand with the physico-chemical and morphological processes, nor can it be our intention in particular to doubt the correctness of this fact observed by way of experiment, yet the view has nevertheless a claim to validity according to which this momentum, adduced by Dr. v. Grauvogl for the explanation of the action of copper upon the organism, cannot be acknowledged as sufficient, and as the only ground of explanation for the totality of the manifestations of its action and under all existing conditions. Since this subject is of a specific homœopathic interest, I probably will be justified in illustrating more minutely the weight and scope of this explanatory reason.

To take an example: Let us suppose that we have a patient before us who temporarily is visited by frequent asthmatic paroxysms, and assume that the group of phe-

nomena accompanying the asthmatic attacks corresponds to the peculiar action of Cuprum. We further substantiate by v. Grauvogl that the character of the bodily constitution of the patient may be designated as the carbo-nitrogenous, and that finally even the epidemic conditions prevailing at the time point to the administration of an ozonizing remedy; then, in conformity with v. Grauvogl's views, we shall most likely prescribe for this patient Cuprum aceticum in the 3d decimal dilution, with the direction to take of it repeated doses of from three to five drops, mixed with water, at short intervals, and, since the trouble decreases subsequently, we allow the medicine to be continued until a radical cure has been effected. This cure undoubtedly took place in accordance with homœopathic principles; against this nothing can be said, and nothing remains but the explanation of the organic processes to be considered in this cure. In order to illustrate the views, contending and at variance as they are with regard to it, we will place the principal opinions side by side each other as follows:

A. says: Administering to this patient, whose deficient processes of oxidation of the tissue-elements within his organism have occasioned these asthmatic paroxysms, Cuprum in a finely divided state, in the form and dose mentioned, I introduce into his body innumerable molecules of an element which greedily attract the oxygen of the surroundings and render the retained compounds of carbon and nitrogen within the organic molecules capable of expulsion. The red blood-corpuscles, now completely oxidized, give off oxygen to the brain and spinal marrow, which they necessarily required for their normal functions. The respiratory and vaso-motory nerve-centre does its duty now, the nervus vagus is in powerful function, circulation and the process of respiration come into active motion—the asthma, consequently, has to disappear. By this treatment I attack the disease at the periphery, but penetrate therewith to the centre until I have radically removed the anomaly.

To this B. makes the following reply: The correctness of the premises and the sequence of the final *modus operandi* in this case presupposed, it does not follow therefrom that the conditions, valid in this case, must be present in all cases of asthma (not to mention here other anomalies curable by Copper) which were, are, and still shall be

cured, without any doubt, by Cuprum, and that the course of the changes wrought by the remedy must follow in the order mentioned. Analogous cases are cured as radically, if we dissolve a few globules moistened with Cuprum metallicum<sup>0.00th</sup> in a glass of water, and frequently let the patient drink a swallow thereof. With regard to this *modus*, the supposition would appear very forced, however, that these proportionally small numbers of the finest molecules of Copper would succeed in their capacity as ozone-bearers, in changing the constitution of the mass of the blood in such a manner as to directly decarbonize and oxidize its hyper-carbonized constituents. An explanatory reason of much greater weight and scope seems to me the following: As we observe, for instance of Ipecac and Veratr. alb., that, incorporated in molecular form, they call forth asthmatic phenomena in healthy persons, and cure such affections in patients, without the possibility of substantiating the hypothesis that the molecules of these substances by their contact with the blood-cells have a direct influence upon their processes of oxidation, but rather adopt the explanation, according to which the immediate contact of these drug-molecules with the tender nerve-ganglia which we find grouped in the calamus scriptorius of the medulla oblongata, acts as a functional irritant upon this nerve-centre, by means of which now a definite series of changes, known in the main, is induced; for these reasons the view is justified that it is the contact of the molecules of Cuprum<sup>30</sup> with the organic molecules of the respiratory and vaso-motory nerve-centre, which, as a functional irritant, produces the well-known succession of changes following thereupon, and effects a cure of an asthmatic patient. While by the first method one pretends to act from the periphery towards the centre, I immediately attack the affection at the centre, and from here act upon the periphery. Admitted, hence, that in the respective affection, conditions of hyper-carbonization and processes of oxidation form an essential momentum, according to the explanatory reason stated by me, the successive order of the changes occasioned by the remedy will take place in the reversed order; in which, hence, the single members in the chain of the causal nexus retain their validity.

Finally, C. also sets forth his view. Both explanations are justified, yet we are not permitted to adopt the former without the latter, while the second retains its validity



without the first. When A. marks out the physico-chemical ground of explanation alone, he overlooks the fact that even the molecules of the third decimal dilution according to the law of organic affinity, come in contact with the organic molecules of the medulla oblongata, and influence the function of this group of cells. The molecules of this dilution act, hence, not only upon the periphery, but also upon the centre; the affection in this case is, therefore, attacked simultaneously at the centre and periphery. In such cases it is probable that this therapeutic method gains its end surely, and as rapidly as ever it is possible. However, in the generality of cases, when we have to deal with molecular effects, the functional ground of explanation must claim pre-eminence. Finally, we will but hastily touch upon another objection to this theory of ozonization, namely, if we consider the several groups of the pathogenetic symptoms of Copper, it would hardly be possible to explain the changes in the normal condition resulting therefrom upon the ground of increased processes of oxidation; thus we will have to search still for another explanatory reason.

All the pathogenetic effects of Copper upon the healthy and sick support the supposition that this metal, in its molecular state, is a powerful remedy as regards the functions of the entire nervous system in the directions of sensibility, motility, and reproduction. Departing from this view, we arrange, for the purpose of a better survey, the pathogenetic symptoms, according to the tissue-parts upon which they manifest themselves most plainly, and which we may term, therefore, the *specific correlates* of this remedy.

#### SPECIFIC CORRELATES.

1. *Brain and Cerebral Nerves.*—It is evident from the phenomena enumerated in the symptomatic record of Hahnemann (ss. 1 to 35), that Cuprum has no unimportant influence upon the functions of the ganglia of the large cerebral hemispheres and the middle brain. The intellectual as well as somatic sphere shows itself affected in various ways, so that symptoms such as ill-humor, timidity, melancholy, want of decision, dislike for every occupation, absence of mind, weakness of memory, decreased capacity of thinking, sleepiness, as signs of a diminished functional energy are observed, as well as under



other circumstances, a state of exaltation, paroxysms of laughing, delirium of various kinds, illusions, violent maniacal paroxysms make their appearance. Concurrent with these we observe anæsthesiæ, paræsthesiæ, and algæ of various degrees, so that the symptoms of heaviness in the head and sensation of vertigo, of heat and reddening of the skin, and increased turgescence of the connective tissue culminate in the most violent headaches and symptomatic groups of meningitis.

Under such circumstances we cannot be surprised if we find also single cerebral nerves affected in their functions. Thus the *nervi oculo-motores*, *trochlearis*, and *abducens* in the phenomena of nystagmus, incapability of opening the lids, staring, dilated pupils. The *pars sensitiva nervi trigemini* we find affected in the appearance of hyperæsthesiæ and neuralgiæ within the domain of its ramifications, the *pars motoria* of the same nerve in the appearance of trismus. The affection of the *nervus hypoglossus* betrays itself by the symptoms of aphasia amid undisturbed consciousness. The function of the *nervus facialis* appears altered, in the symptoms of changed features and spasmodic distortion of the face. The *nervus glosso pharyngeus* produces abnormal sensations of taste, and in the domain of its motor-fibres, manifests paretic conditions of the muscoli constrictores pharyngis, which show themselves in noisy, gurgling sounds when swallowing fluids. Owing to an affection of the *nervus facialis* or *nervus sympathicus*, we also find an increased activity of the salivary glands. Whether the symptom of deafness, and the sensation of flapping in the left ear (s. 86 and 88) must be referred to an idiopathic affection of the *nervus acusticus*, or whether these phenomena are to be considered as results of an abnormal condition of circulation within the organ of hearing, may remain undecided; this much is sure, however, that within the respective vascular domain—so far as the carotid system sends off its branches—conditions of temporary hyperæmia as well as anæmia are observed.

As phenomena belonging here, conjunctivitis and angina tonsillaris may be especially noted. The abnormal function of the *nervus vagus* will be mentioned under the correlate organ.

*Corroborating and complementing clinical facts, according to the observation of physicians of the schools of Hahnemann and Rademacher.*

Cuprum showed its efficacy as a curative remedy in :

1. Delirium and maniacal conditions of various kinds.
2. Meningitis.
3. Apoplexia.
4. Cephalalgia.
5. Prosopalgia.
6. Paralysis nervi abducentis.
7. Conjunctivitis and its sequelæ.
8. Glossitis.
9. Ptyalismus ex usu mercurii.
10. Angina tonsillaris.

2. *Spinal Marrow*.—The affections of the spinal nerves manifest themselves as neuroses within the domain of sensibility and motility. Remarkable is the conspicuous diminution of all functional energy; a larger number of pathogenetic symptoms demonstrate general intense weakness and muscular atony, with inclination to trembling of the limbs, and fainting upon slight exertion. At the lower extremities, especially at the left leg, the paretic symptoms appear more marked than at the upper extremities, though “weakness and paralysis of the hand (s. 283), and numbness and atrophy of the fingers (s. 289)” have been observed. The pareses within the sphere of sensibility apparently manifest themselves as progressing from the periphery to the centre. Algæ are noticed as so-called “rheumatoid” pains in all directions of the spinal nerves; at the neck, back, shoulders, hips, sciatic nerve and its ramifications. At times they appear in paroxysms, and make the spasms which are wont to set in after Cuprum, in the abdominal muscles or calves, for instance, more unbearable. It is characteristic of the action of Copper upon the cerebro-spinal system that it shows itself mostly in the form of clonic (more rarely of tonic) spasms. These spasms appear even as well-marked epileptiform paroxysms, with or without the loss of consciousness. Wherever paroxysms of convulsions do not make their appearance, the affection within the sphere of motility demonstrates itself by temporary jerks and shocks and trembling of single limbs or muscular groups.

Clinical observations confine themselves to:

1. Rheumatic affections of various parts.
2. Paralysis.

3. Chorea St. Viti.

4. Epilepsy with convulsive paroxysms.

3. *Organs of Respiration*.—Not only the mucosa of these organs shows itself affected by catarrh, but we may also suppose that even the parenchyma of the lungs is attacked by congestion. With the catarrh of the mucosa of the nose, larynx, and trachea, we frequently find associated an extraordinary weakness. The hoarseness is accompanied by paroxysms of cough of long duration, which are mostly followed by slight expectoration, yet, aside from the muco-purulent exudation, blood is coughed up sometimes. This effused blood in company with the concomitant phenomena of sensation of pain in the thorax, feeling of pressure and tension while breathing, and of dyspnœa which increases to violent asthmatic paroxysms, sufficiently argue in favor of the supposition that, aside from the manifestations of neurosis within the domain of sensibility of the *nervus vagus*, the vaso-motory and trophic portions of its fibres are affected simultaneously, in consequence whereof the hyperæmic conditions of these organs, so plainly apparent, are induced, which, in case of longer duration, will also be connected with processes of exudation.

As therapeutic observations belonging here, we must note the results of Copper in:

1. Catarrhs of the larynx with hoarseness.
2. Croup.
3. Bronchial catarrhs; bronchitis capillaris.
4. Pneumonia.
5. Paroxysms of coughing; whooping-cough.
6. Asthmatic troubles.

4. *Organs of Circulation*.—By means of the branches of the *nervi vagi*, of the *respiratory nerve-centre* in general, and probably also of the *cardiac ganglia*, the function of the heart-muscle and the tension of the vascular walls are modified in a manifold manner. We repeatedly find the phenomena of a small, irregular, frequent pulse, of a retarded pulsation, and violent palpitation of the heart, expressed among the toxical symptoms, as well as among provers. At the same time the entire vascular system participates in this affection, since mostly a sanguineous congestion takes place temporarily in the central parts, while the peripheric parts appear anæmic in proportion. This



occurs frequently even amid febrile motions which are plainly perceptible. According to the alternating conditions of hyperæmia and anæmia, the skin assumes now the appearance of increased turgor, with redness, heat and sweat; now the pale, flabby, cool appearance of collapse. The depression of the reproductive functions, of the entire turgor vitalis, and prostration of strength in general, characterize the chronic effect of copper upon sensitive persons. Vesicular eruptions do not seldom appear in case of partial cutaneous hyperæmia.

Clinical observations belonging here, pertain to cures by Copper in:

1. Endocarditis with chronic rheumatism.
2. Eclytic conditions; syncope.
3. Acute exanthemata such as scarlatina, rubeola, variolois, erysipelas faciei (especially indicated in exanthemata which have struck in, or such as reach the stage of efflorescence with difficulty).
4. Eczema impetiginoides.
5. Febris intermittens.
6. Phlebitis and lymphangitis.
7. Chlorosis.

5. *Organs of Digestion.*—While the irritation of the *nervus phrenicus* likewise produced by Copper, manifests itself in spasmodic contractions of the diaphragm, as paroxysms of singultus, we observe a series of abnormal conditions in the gastric function of the *nervus vagus* which are fused, undoubtedly, in their expressions, with the simultaneous affection of the *plexus celiacus*. According to the quality of the preparations, the size and frequency of the dose, as well as according to the conditions of the individual organization, Cuprum causes: Want of appetite or ravenous hunger, but most frequently loathing for food, nausea, inclination to vomit, vomiting of the contents of the stomach and of mucus, bile, even of blood. The retching and vomiting are mostly accompanied by colic-like pains. The act of vomiting is not seldom associated with diarrhœic stool which may even contain blood intermixed with it. But even without nausea and vomiting, attacks of cardialgia dependent upon the *plexus celiacus* may set in. Analogous to this phenomenon we also observe neuroses of the *plexus meseraici* in which soft, bilious stools may be evacuated, but also constipation



exist. We may say that, upon the whole, the *nervous* symptoms preponderate over the "*catarrhal*" and "*inflammatory*." Entozoa living in the intestinal canal are mostly killed by Copper. This holds good especially as regards the tapeworm, whose several members die off successively.

In practice we find the confirmation of these pathogenetic expressions in the cure of a number of cases of:

1. Intestinal catarrh with diarrhœa.
2. Dysentery.
3. Cardialgia.
4. Hematemesis.
5. Cholera (in the first stage).
6. Colic.

6. *Uropoietic and Sexual Organs*.—We notice in our drug-provings, and, now and then, in toxic effects, that remedies which alter the function and tissue-states of the heart, exert a considerable influence also upon the condition of the kidneys and their secretory activity. This fact is to be referred partly to the reason that the state of pressure of the sanguineous column which manifests its influence in the parenchyma of the kidneys, is modified by the functional condition of the heart, so that disturbances of circulation dependent upon anomalous textuary conditions of the heart produce diseases of the renal tissue and anomalous function of the same. On the other hand, it cannot be mistaken that certain medicinal substances, such as Arsenicum, Aurum, Phosphor., Cocci-onella, as well as Cuprum, for instance, acting, as they do, upon the nerve-centres of both organs, influence the functions and textuary condition of one organ as well as of the other. Thus we may vindicate for Cuprum a specific relation to the kidneys, manifesting itself in an increased secretory activity; for the diminished secretion observed is most probably to be understood only as a secondary action, as the final lowering of the functional tide. In connection therewith we also meet with the condition of a catarrhal affection in the muco-membranous domain of these parts as far as to the orificium urethræ, which may even increase to balanitis.

Although we lack the pathogenetic results in females, yet we may suppose, upon the ground of therapeutical experience, that the effects of Copper upon the uro-sexual organs of females are analogous to those of males. How-

ever, as regards the sexual sphere of males, it cannot be overlooked that Cuprum occasions an increased flow of blood towards the respective tissues, and an increase of the *nisus sexualis*.

As corroborating and complementing clinical facts, the cures obtained by Copper in the following diseases deserve to be mentioned:

1. Nephritis with albuminuria.
2. Hydrops starting at the lower extremities.
3. Uterine neuralgia (especially after suppression of the menses from taking cold).
4. Oophoritis.
5. After-pains.
6. Metritis.

According to our views we, hence, possess in this medicinal substance a very efficacious polychrest, the importance of which shows itself still more conspicuously in epidemic morbid conditions.—*Internat. Hom. Presse*, vol. i, p. 337, &c.

## CYANURET OF MERCURY IN DIPHTHERIA.

BY DR PAUL ROGNIN.

TRANSLATED FROM L'ART MEDICALE, BY S. LILIENTHAL, M.D.

AN epidemic of malignant sore throat raged this spring in the Department Isère and in the small village St. Jean en Royau. Thirty-two patients died out of forty in about two weeks; of which thirty were under regular medical treatment. The population was justly alarmed and my return was impatiently waited for. In the first week of my arrival I treated twenty-eight cases of diphtheritic angina, fourteen severe cases with croupy symptoms, of which four died. My lighter cases were all treated from the very beginning with Cyanuret of Mercury. The disease was certainly contagious, as I often had three and four cases in one family. When I first arrived, I had no Cyanuret of Mercury at home, and I relied for a time on Spongia, Brom., and Tartarus, and as they failed to do good, I dissolved a centigramme (about one grain) in one hundred and twenty-five grammes (5iij) water, and made from that a third dilution and higher. Such a dilution I

carried with me to my patients, and put three spoonfuls in half a tumblerful of water, to take a teaspoonful from the tumbler every two, three, four hours, according to age and intensity of the case. Thenceforth I had no death, and the remedy showed itself efficacious in every case.

Sunday night I was called to Mary, 7 years old, blonde, well built, never sick. She had been coughing for a week, and for four days had complained of sore throat, expectorating, after violent efforts, glairy mucus, and for three days suffocative paroxysms woke her up during the night, with a barking cough. Emetics have already been given with only momentary relief. I find the child sitting up, the muscles of the face contracted, the face cyanosed, the skin burning, the eyes injected and staring; the voice is extinguished; respiration shows laryngo-tracheal whistling, the nasal cavities obstructed by false membranes, the submaxillary ganglions engorged, and saliva flows constantly from the open mouth. Examining the throat I find the tonsils, the velum palati, in fact the whole throat covered with false membranes. The child has refused all nourishment for twenty-four hours. *R.* Brom.<sup>3</sup>, two drops in three ounces of water, a tablespoonful every two hours. Next morning the child is worse, the dyspnœa more intense, suffocative paroxysms more frequent, the child refuses to be examined and force produces suffocative fits. *R.* Tartarus em.<sup>3</sup>, in water, a spoonful every hour. In the evening the same state; do not think she can live the night through. *R.* Cyanuret of Mercury in the above dilution every two hours.

Next morning I find the child quiet, the voice is still gone, but the laryngo-tracheal whistling is less and cough and expectoration more easy. The parents relate that after the second spoonful the child expectorated a quantity of thick greenish masses, like green ribands. 7th and 8th day, constant amendment under the same prescription; pulse 100; only on the left tonsil still a large diphtheritic spot; the child wants something to eat, but on the tenth day an aggravation set in, the pulse rose again to 130, suffocation and whistling râles reappeared, and looking for the cause of it, I found that the medicine had not been given for the last sixty hours. Ordered the Cyanuret every two hours, and amelioration followed again during the eleventh and twelfth day; still the voice remains hoarse, and her whole state reminds me of Hepar,

which she gets in the twelfth dilution, a teaspoonful every three hours. On the fourteenth day the child does not feel so well, and respiration is again more difficult, and I return for the third time to the Cyanuret, which she takes regularly with benefit up to the nineteenth day, when we change to Phosphor.<sup>6</sup> on account of the aphonia.

Among all my cases was only one which showed symptoms of putridity. A scrofulous child, ten years old, with hereditary weak chest and badly nourished (her parents being very poor), suffers from spitting of blood, frequent epistaxis, paleness, and extreme prostration; pulse filiform, and the throat full of diphtheritic plaques. In this case even, as in all others, the Cyanuret was promptly efficacious, and a cure was effected in less than a week.

Another interesting case is that of a girl, 12 years old, large and strong, sanguine temperament, and who never had convulsions. During three days she complained of sore throat and expectorated only with great effort some glairy mucus; the submaxillary glands were engorged and the tonsils covered with diphtheritic exudations. Since twenty-four hours the disease has taken a convulsive turn. She lies in a convulsion about six minutes, but the eyes remain fixed; she utters unhuman cries, and by degrees all her senses return, except speech; she answers by signs for about ten minutes longer, when speech also returns. At other times she throws herself on the ground after a fit, and with her hands and feet scrapes the floor like an animal that wants to make a hole. R. Cyanuret of Mercury and Stramonium<sup>6</sup> in alternation every hour. After twenty-four hours the convulsions ceased, but returned again in the evening. Still we kept on with the same treatment and our patient recovered fully in a short time.

Is the Cyanuret of Mercury the specific for all forms of diphtheria? We do not know, but this we know, that it was the specific in the diphtheria which we treated then and there.

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## NECROLOGICAL.

## DEATH OF FREDERICK CLEMENS BAEZL, M.D.

*Action of the Homœopathic Medical Society of Alleghany County, Pa.*

REPORTED BY J. H. McCLELLAND, M.D., SECRETARY.

At a special meeting of this Society held at the Homœopathic Hospital, Pittsburg, on the first day of October, 1872, a committee, consisting of Drs. Coté, Childs, Burgher, Rankin, and McClelland, was appointed to prepare obituary resolutions upon the late Dr. F. C. Baelz, who had been a worthy member of the Society.

The following report of the committee was unanimously adopted as the sentiment of the Society:

It is highly appropriate and in full accord with the feelings of the members of the Homœopathic Medical Society of Alleghany County, Pa., that they formally express their appreciation of the life and character of their late colleague, Dr. F. C. Baelz, and that they offer words of sympathy to his sorrowing family.

They would, therefore, bear voluntary testimony to the high moral character of Dr. Baelz as a Christian gentleman, and to his fidelity to duty in his professional walks of life; where his uniform courtesy and kindness of heart endeared him to his associates, who will cherish his memory and hold his example as worthy of their emulation.

Truly "dying in the harness" then terminated a life which knew no idleness, peacefully and calmly retiring from his earthly labors in the midst of duties so well performed and preparation so complete, that when his summons came he was ready to obey.

We would now extend to the bereaved family of our late fellow-member our sympathies, warm and sincere; and would rejoice with them in their inheritance of a name untarnished.

The Society directs that a committee present a copy of the above to the family of the deceased, and that the Secretary furnish a copy of the same to the *Hahnemannian Monthly* for publication; also that the members of the Society attend the funeral in a body.

MARCELLIN COTÉ,

WM. R. CHILDS,

J. C. BURGHER,

J. S. RANKIN,

J. H. McCLELLAND.

Committee.

At the regular meeting of the Society, held October 11th, 1872, Dr. Burgher, who had been designated for the purpose, presented the following obituary notice, which was unanimously adopted.

## OBITUARY.

On Monday evening, September 30th, A.D. 1872, at his residence, No. 100 Fifth Avenue, Pittsburg, Pa., FREDERICK CLEMENS BAEZ, M.D., departed this life.

*In Memoriam.*

Dr. F. C. Baelz was born in the kingdom of Wurtemberg, Germany, November 18th, 1814. Of his early life and history but little is known by the writer of this brief memoir. He graduated at the University of Zurich, Switzerland, in the class of 1836, and soon after emigrated to this country, locating in Canfield, Ohio, November 18th, 1839. He married Miss Amelia Mason who, with three daughters (the only issues of their union), remain to deplore the loss of a kind husband and an affectionate father. Dr. Baelz practiced allopathy for several years, but not satisfied with it, familiarized himself with the details of hydropathic practice, and opened a "water cure sanitarium" near Brownsville, Pa., in 1847, which remained under his management until 1855, when he removed to Pittsburg. Here he practiced hydropathy in connection with homœopathy until 1857, when he took charge of a hydropathic establishment at Phillipsburg, Pa. In 1861 he again located in Pittsburg, where he practiced homœopathy until the day before his death.

It is proper to remark that Dr. Baelz was no mere novice in homœopathy, having examined its principles and to some extent tested its merits while practicing hydropathy. Homœopathy was only adopted as his mode of practice after a thorough study and practical test had convinced him of its superiority over hydropathy and allopathy, after a fair trial of the latter two for a period of twenty-one years.

Dr. Baelz was an exemplary member of the Episcopalian church, and greatly esteemed for his many Christian virtues.

His health for the last year or two was not good. The cause of his death was organic stricture of the colon, to which spasmodic stricture was added (entirely closing the bowel), as the immediate cause. About six weeks previous to his death he had a severe attack of spasmodic stricture at the sigmoid flexure, which soon yielded to treatment, but was followed by attacks which, for a few days at a time, would confine him to his room. The day preceding his death he made a number of professional visits, and in the evening complained of much fatigue. About 5 o'clock A.M. of the day he died he was again attacked with acute symptoms—intense pain and tympanitis—and expired about 9 o'clock P.M., calmly and affectionately bidding farewell to the members of his family and personal friends at his bedside, and thanking the physicians for their kind efforts to afford him relief.

The Doctor was a member of the Homœopathic Medical Society of Alleghany County, and contributed at its meetings by his essays and discussions much valuable information.

His obsequies were attended by the members of the Society in a body, all wearing the customary badge of mourning.

Drs. M. Coté, J. F. Cooper, M. W. Wallace, J. C. Burgher, J. S. Rankin, and L. M. Rousseau acted as pall bearers. *Vixit post funera virtus.*

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## PUBLICATIONS RECEIVED.

OVARIAN TUMORS: THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT, ESPECIALLY BY OVIARTOMY. By E. RANDOLPH PEASLEE, M.D., LL.D., &c., &c. With Fifty-six Illustrations on Wood. "*Propter ovaria mulier est.*" New York: D. Appleton & Co., 1872, pp. 551.

The almost simultaneous appearance of two such works on ovarian tumors and ovariectomy as Atlee's and the volume under consideration, attest the interest taken in the subject by American practitioners, while the contents and character of the volumes themselves bear competent witness to the skill, the perseverance, and the courage of American ovariectomists. Dr. Peaslee's work is an invaluable publication, and is not surpassed in the quality of its contents, nor in the pleasant and withal plain and practical manner in which it is written. It may be regarded as a complete work, inasmuch as it gives not simply the author's own views and cases, but because it is an analysis of all views and cases, brought together and utilized by a master hand.

Part First treats of the "Normal Anatomy, Pathology, and Treatment of Ovarian Tumors—excepting by Ovariectomy." Chapter I gives a graphic account of the normal anatomy of the human ovary and oviduct. Chapter II treats of ovarian tumors, their classification and pathological anatomy, embracing solid and cystic tumors; Chapter III, of their growth, duration, causes, and symptoms; Chapter IV, of their complications; Chapters V, VI, and VII, of their diagnosis; Chapter VIII, of their prognosis; and Chapter IX, of their treatment, medical and surgical, except by ovariectomy. Part Second is devoted to ovariectomy, and in the opening chapter of this section the author gives a most valuable and highly interesting history of the operation, bringing together in a clear and succinct manner all the data of its almost miraculous origin and progress down to the latest date, together with its general history in various countries. In this history our author carefully examines the claims of Dr. Ephraim McDowell, of Danville, Ky., as the first surgeon to perform the operation, and places these claims beyond all possible question. At all events he makes it perfectly clear that Dr. McDowell first deliberately attempted to remove an ovarian tumor, and succeeded. "The question who first suggested the idea of removing an ovarian cyst," our author remarks, "is not so easily answered. Indeed, the idea could scarcely fail to occur to any bold and experienced surgeon, who had

witnessed the post-mortem examination of a case without adhesions, or attachment to any part or organ, except by a long and slender pedicle. It is, however, very certain that those who first suggested this operation did so for the sake of condemning, instead of recommending it." Chapter II, of this section, treats of the statistics of ovariectomy; the objections to it; considerations in favor of it; and the class of cases to which it is adapted. In summing up the statistics of the operation, the author makes the following astonishing and gratifying statement: "By a similar calculation, it may be shown that, in the United States and Great Britain alone, ovariectomy has, within the last thirty years, directly contributed more than thirty thousand years of active life to women; all of which would have been lost had ovariectomy never been performed." Chapter III refers to the conditions when ovariectomy should be performed, and gives an account of the direct causes of a fatal result; Chapter IV, to the principal conditions predisposing to a favorable or to an unfavorable result. Chapter V treats of indications, contraindications, when to abandon the operation, and the prognosis; Chapter VI, of the treatment and arrangements preparatory for ovariectomy. Chapter VII is devoted to a consideration of the operation, in its various stages, is clearly and vigorously written, and is profusely illustrated by cuts, showing a variety of the instruments used. Under the head of "Treatment of the Pedicle," in this chapter, the author refers to the method of Dr. G. D. W. Beebe, of Chicago, of treating the separate vessels by torsion. Out of five cases treated in this way by Dr. Beebe, four recovered. He had more trouble with veins than with arteries. Chapter VIII is on that very important subject, the treatment after ovariectomy, including that of septicæmia. And just here we may remark, that, after reading the chapter very carefully, we are fully impressed with the belief that the mortality resulting from the operation, much reduced as it has been of late by the wonderful skill and good judgment of the distinguished operators of the allopathic school of practice, would be still further decreased if the after-treatment were conducted in accordance with the mild and specific method dictated by homœopathy. And this point will, after a time, begin to be settled as our operators accumulate statistics of the operation, now so ably and so successfully performed by our many excellent surgeons.

The final chapter of the work is entitled "The hygienic condition of those who survive ovariectomy; post-mortem appearances in fatal cases." In the first part of this chapter the author makes some very interesting observations. First, the general tendency towards masculinity which was taught and believed to be a natural sequence of the removal of both ovaries, by no means usually results; on the contrary, the author believes that such changes are unusual. Second, in regard to the alleged cases of menstruation occurring after double ovariectomy, some curious cases are given, which go to show that a sanguineous flow sometimes occurs *per vaginam* shortly after the operation, and that in some instances it recurs



monthly with the regularity of the ordinary menstrual discharge. There are six of these cases of apparent menstruation after the removal of both ovaries. But our author does not deem this regularly recurring flow as properly entitled menstruation—that menstruation which is the complement of ovulation, and adopts for it the name suggested by Mr. Spencer Wells, of *metrostaris*.

The frontispiece of the work is an engraved portrait of the late Dr. McDowell, showing the intellectual front of a handsome old man. The book is dedicated to Dr. McDowell, “the Father of Ovariectomy,” and to Thomas Spencer Wells, Esq., “the greatest of Ovariectomists.” It is a pity that the name of Atlee was not coupled with that of McDowell, both being men of whom all Americans may indulge a feeling of justifiable pride.

The publishers have done themselves infinite credit by the handsome manner in which this work has issued from the press. Fine and thick toned paper, and large and clear type, are “things of beauty and a joy forever,” incongruous though the quotation may seem. A copious index completes the work.

On sale by D. Appleton & Co., New York; and Porter & Coates, Philadelphia.

THE HOMŒOPATHIC VADE MECUM OF MODERN MEDICINE AND SURGERY. By E. HARRIS RUDDOCK, M.D., &c, &c. Fifth Edition. Twenty-third Thousand. London, 1872, pp. 842.

This is a new, revised, and enlarged edition of a work that has been for some time before the public, and which has received a very fair share of well-deserved popularity, and of commendation at the hands of reviewers. The author claims for his work the character of a “representative book” of modern medicine and surgery. It is not intended for domestic use only, but the author has, as he asserts, “equally endeavored to meet the requirements of medical students, junior practitioners, and allopathic medical men commencing the study and practice of homœopathy.”

Upon the subject of the utility of “domestic” treatises on homœopathic treatment, Dr. Ruddock gives the following common sense view of the case: “Objections are often raised to medical works like the present, on the ground that they encourage amateur practitioners, and are therefore dangerous, and interfere with the legitimate pursuits of the medical profession. These objections are entirely groundless. In nearly every family, domestic drugs are employed, and our object in the production of this book is to *reform* domestic treatment, by substituting remedies, and suggesting measures which, while generally harmless for evil, are powerful for good. It is useless to attempt to suppress amateur doctoring.” To this we may add that, while we do not know so well how it is in conservative England, the fact is well attested that in this country homœopathic domestic works have done very much to spread a knowledge of homœopathy among the people, and to make it popular.

A number of additions have been made to this fifth edition, both of diseases treated of, and of remedies comprising its "Materia Medica." It is a "practical" work, and one worthy of commendation. It is published in handsome style, and has a copious index.

On sale at any of the stores of Boericke & Tafel.

**THE STEPPING-STONE TO HOMŒOPATHY AND HEALTH.** By E. H. Ruddock, M.D. (Exam.) Second American from the Seventh London Edition. Chicago: Halsey Brothers, 1872.

This is another of the series of Dr. Ruddock's excellent domestic treatises, and we are told the most popular of them all. The plates of the first American edition, the property of Halsey Brothers, were destroyed during the Chicago fire, but that enterprising firm, nothing daunted, have issued the second edition in a style equally handsome, and the American editor, taking advantage of the occasion, has added to this edition some new chapters, and such notes and suggestions as he has deemed of value. This second American edition is based on the seventh English, whereas the first American was based on the sixth English edition.

On sale by the publishers, and by Boericke & Tafel.

**ANNUAL RECORD OF HOMŒOPATHIC LITERATURE, 1872.** Edited by C. G. Raue, M.D., and a corps of Assistants. Boericke & Tafel: New York and Philadelphia, pp. 338.

This valuable Annual comes to hand in good season, and a careful examination of its contents, and a comparison with those of previous years, convince us that it gains in value from year to year, the present issue exceeding its predecessor both in quality and quantity of selected matter. As no progressive homœopathic practitioner can afford to do without the journals of the school, so no reader of the journals can afford to be without this annual representative of their choicest contents. The journals give us the cream of professional thought and experience; the Annual Record give us the *crème de la crème*, and very wholesome and nutritious mental pabulum we find it. We here take the opportunity of returning thanks to the excellent and indefatigable editor, and to the enterprising publishers for issuing, in the face of many difficulties and discouragements, this epitome of serial homœopathic literature. And our thanks are returned as well to the assistant editors. The part we have had the honor to take in the matter has been amply compensated by the thought that on no better work could time and labor be bestowed.

The arrangement of the present volume is similar to that followed in preceding years. Dr. C. Hering has superintended the section on *Materia Medica*; Dr. Macfarlan that on *Surgery*; and Dr. Raue has had charge of the remainder of the volume. The following publications have been put under contribution to furnish the material: *A. H. Z.*; *Monatsblatt*; and *Neue Zeitschrift für Homœop. Klinik*, 1871; *British Journal of Homœopathy*; *Monthly Hom. Review*; and *Homœopathic World*, 1871;

N. A. Journal of Hom., 1871; U. S. Med. and Surg. Journal, 1871; American Observer, 1871; New England Med. Gazette, 1871; Medical Investigator, 1871; Ohio Med. and Surg. Reporter, 1871; *Hahnemannian Monthly*, 1871; Amer. Jour. of Hom. Mat. Med., 1871; Transactions American Institute, 1870; Transactions of the Hom. Med. Societies of the States of New York, Pennsylvania, and Ohio; and the French and Spanish Journals, so far as translated for other journals. Those who have engaged in the work are: Drs. C. G. Raue, C. Hering, M. Macfarlan, E. A. Farrington, T. S. Hoyne, A. Korndorfer, S. Lilienthal, E. Mussina, E. U. Jones, T. Baemeister, J. Pettet, A. R. Thomas, C. Wesselhoeft, Charles Cropper, and R. J. McClatchey.

The section on *Materia Medica* comprises 46 pages; that on *Practice*, including *Obstetrics* and *Diseases of the Eye*, 212 pages; the section on *Surgery* embraces 32 pages, a very large proportion of which is contributed by the *Hahnemannian Monthly*. The balance of the book is made up of articles on the *Theory of Medicine*, *Posology*, *Hygiene*, and *Physiology*. A very copious index of authors and of subjects completes the work, and serves as a facile key to its contents.

The value of this publication will doubtless be conceded by all who have consulted it. If there be any doubters we would say to them, take up the book and open it at any page in the section on "Practice," read it attentively and understandingly, and doubts of its great value will speedily vanish. Let us turn to page 139, for instance; at the bottom of that page we find the commencement of a valuable article on *Cholera Infantum* by Dr. Dudley, taken from the *Hahnemannian Monthly*; then follows brief, but valuable, hints for the treatment of that dread disease from the Medical Investigator, the Homœopathic World, and other journals; in fact, all that has appeared on that subject in the serial publications of our school during the year 1871. Turn now to page 199. Here we find, under the heading *Coccydynia*, articles by Searle, Hering, and others, taken from a variety of journals, and giving more information regarding the homœopathic treatment of that abomination than can be found elsewhere in our literature. On page 82, and for twelve pages following it, we have enough information as to the remedies for *Nasal Catarrh*, furnished by that earnest and efficient worker, Miller, of Syracuse, New York, and others, to utterly rout the army of chronic nose-blowers and "sniffers." Thus we might go through the book, pointing out articles of special value with which it abounds. But it is not alone such parts as these that make up its value, for the apparently most insignificant item within its pages may be the means of leading to a cure of some afflicted one, and thereby add to the satisfaction and credit of the physician who avails himself of the hint. The publishers have not spared expense in getting the book out in good style. Clear, legible type, the best of paper, and substantial binding, appears to be their motto as publishers, and this volume is in keeping with their well-earned reputation.

On sale at all homœopathic pharmacies.

## EDITORIAL NOTES.

**THE HORSE DISTEMPER.**—This singular malady, which has spread with marvellous rapidity throughout the country, attacking all the horses of a large city apparently at once, still continues its course south and west. In the cities from which its acute form has passed, many of the animals affected have been seized more seriously than in the first instance, and of these many have died. At a recent meeting of the New York Board of Health, the Sanitary Committee (one of whom is Dr. Stephen Smith), reported that the so-called dropsy and glanders are *sequelæ* of the former affection, and resemble purpura hæmorrhagica or scurvy. The blood is so deteriorated that it escapes from the vessels into the cellular tissue and into the spongy portions of the bones. The red globules are in a condition of disintegration, and the serum, escaping from the vessels, collects under the skin in the most dependent portions of the body, causing the dropsical appearance. The committee attribute these sequelæ to previous ill health of the animal, excessive medication, too early exposure to cold or wet, or to work, and poor diet during convalescence.

**UNIVERSITY OF THE STATE OF NEW YORK—EXAMINERS APPOINTED.**—Those of our readers who attended the last meeting of the American Institute of Homœopathy, at Washington, will remember that one of the most agreeable features of the meeting was the notice given by the veteran Dr. John F. Gray, that the Governor of New York had signed the bill directing the Regents of the State University to appoint Examiners for the degree of Doctor of Medicine. The sequel remains to be told. At a meeting of the Regents, held at Albany, N. Y., Nov. 12th, the bill was considered by the board, and an application was received from the Homœopathic Medical Society of the State of New York, asking the appointment of a Board of Examiners, pursuant to the first section of the bill. The application was granted, and the following Board of Examiners appointed: John F. Gray, LL.D., M.D., New York, President of the Board; Erastus A. Munger, M.D., Waterville; William H. Watson, A.M., M.D., Utica; Henry B. Millard, A.M., M.D., New York; William S. Searle, A.M., M.D., Brooklyn; Frank L. Vincent, A.M., M.D., Troy; Horace M. Paine, A.M., M.D., Albany; Henry N. Avery, A.M., M.D., Poughkeepsie; John A. McVicar, A.M., M.D., New York.

**BOSTON—A TERRIBLE CALAMITY.**—Boston has sustained the greatest calamity recorded in her history. Upwards of eighty acres of territory, the greater part of which was occupied by the finest palaces of trade in the city, have been swept by fire. The horrors of the dreadful fire at Chicago have been in a measure repeated. But, thank God! we do not have to chronicle the burning out and utter wasting of our professional friends and brethren. Dr. Talbot writes, in response to our anxious inquiry: "We have had a fearful ordeal, but, thank Heaven! none of our professional brethren have been compelled to pass through the fire. Of



course we participate in the general suffering. The warmest sympathy pours in from every side, and from no class more warmly and more heartily than from our homœopathic brethren, and it is a link which binds us together more strongly than ever before."

**THE AMERICAN INSTITUTE OF HOMŒOPATHY.**—The *Transactions* of the Institute, which have been passing through the press for some time, are about completed. They will be mailed to such members as are not in arrears to the Treasurer, prior to the 1st of January. It is now time for the members of bureaus, and all others who expect to take active part in the coming meeting at Cleveland, to be stirring in the matter of preparing reports and papers. Under the new rule adopted by the Institute, all reports and papers must be presented in a *finished* state. Slipshod work, offered with a lame excuse of "want of time," &c., for its incompleteness and general badness, will no longer be tolerated. If all reports and papers are presented ready for the printer, and the members are prompt in paying their dues, the *Transactions* can be placed in the hands of members within three months after a meeting.

**BROOKLYN HOMŒOPATHIC LYING-IN ASYLUM.**—A report has been going the round of the newspapers to the effect that the lady managers of this institution had dismissed the resident physician, Dr. Monmonniere, on the ground that he was a Roman Catholic; that in consequence of this act seven out of the eight physicians constituting the Medical Board had resigned, and that Rev. Henry Ward Beecher had "uttered an indignant protest." We refrained from alluding to this matter in our last, for fear of doing injustice to somebody. We find, however, that the report is, alas! too true. The seven physicians who showed their indignation at this outrage by resigning, are, Dr. Henry Minton, the physician in chief, and Drs. F. W. Skiles, E. T. Richardson, P. P. Wells, J. B. Elliott, Henry B. Aston, and H. E. Morrill, members of the Board of Consultants. The one who did not resign is Dr. R. C. Moffat. It is but justice to Dr. Moffat to state, however, that he objected to the admission of Dr. Monmonniere to the position of Resident because of his religion, and did not vote for him. Of all the varied forms of bigotry, that which assumes to be religious is the most hateful. After the burst of indignation that arose from the homœopathic ranks upon the dismissal of pension surgeons, upon the sole ground of their *medical* belief, we are doubly disgraced by this summary dismissal of a man acknowledged to be qualified medically, upon the sole ground of his religious faith! This lying-in asylum was quietly making its way and doing much good, creditable alike to its projectors and supporters; but if its lady-managers are going to *manage* it in the interests of religious bigotry, its days of real usefulness will probably soon be over.

**A NEW HOSPITAL.**—The physicians and lay friends of homœopathy in Cleveland, Ohio, have recently purchased a large plot of ground very eligibly situated on Huron Street, in that city, for the *Homœopathic Hospital of Cleveland*. There is a building on the lot sufficiently commodious for present hospital purposes, which it is intended to thus use until a

larger building can be erected. The cost of the property was \$25,000. Let us hear of more hospital enterprise.

#### PERSONAL.

CETLINSKI.—Dr. B. L. Cetlinski has removed from New York City to No. 122 Dwight Street, New Haven, Conn.

ARTHUR.—Dr. Charles Arthur has removed from Sunbury, Penna., to No. 912 N. Sixteenth Street, Philadelphia.

COX.—Dr. George Howell Cox has removed from Germantown, Phila., to Hastings, Mich. On November 12th, last, the Doctor paid a flying visit to his former residence, and was married to Miss Caroline Coulter, an estimable Germantown lady. The happy pair then flitted to their home in Michigan.

PHILLIPS.—Dr. E. H. Phillips, formerly of Cape May, N. J., has been obliged to remove from that locality on account of ill health, and has located at Paterson, N. J.

#### PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY ROBT. J. MCCLATCHEY, M.D., SECRETARY.

The October meeting was held on the 10th inst., the President, Dr. Jeanes, in the chair.

THE SECRETARY, in the absence of Dr. B. W. James, read the usual monthly report of the Scribe, as follows:

#### NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

##### *Minute Life. (Continued.)*

Upon this highly interesting subject, Robert Garner, F.L.S., F.R.C.S., England, &c., has recently given some original experimental observations, in the direct line of our own experiments. From his paper in the *London Lancet*, September, 1872, we make the following extracts: Respecting germs we can say nothing; but we must concede that moderate boiling is insufficient to disorganize, though it may still or render motionless, when actually present, monads, bacteria, and vibrios; thus bacteria resist boiling of half an hour's length. In common bilious diarrhœa it will be found that the dejectamenta swarm with the above minute motile forms, and that by boiling little effect is produced on this motility. The same may be said as to the effects of other strong agents—as galvanism, solution of chloroform, dilute sulphuric acid (1 to 12), solution of common salt, dilute carbolic acid (1 to 60), and dilute sulphurous acid (1 to 60).

At the risk of being guilty of digression, the writer may mention further, that many years ago he experimented on the powerful effects of common salt upon fresh-water animals, especially in stopping the action

of their cilia, and *vice versa* of fresh-water upon salt-water animals. It has, as just observed, little effect on the minute form of life in question, though higher fresh-water infusoria—*Paramecium*, *Glaucoma*, *Styloni-chia*, or *Vorticellæ*—are immediately killed in a weak solution of it, as well as by the agents named in the last paragraph. In 1867 he described the effects of permanganate of potash, carbolic acid, and creasote, on the higher infusoria; also of galvanism as obtained from a small pile of copper, zinc, and paper disks, having platinum electrodes connected with them, and pasted on the microscopical slide—the galvanic fluid destroying the infusoria, and stopping the ciliary action. These agents destroy the movements also of the *Navicellæ*, so abundant in the green film (*Colletonema*) which forms where water is constantly trickling, as at drinking-fountains, or in impure sewer-water, after keeping it some time in bottles. The movements of the remarkable spermatozoa and spermatothecæ of *Paludina*, are destroyed by the vapor of chloroform, in fact by water itself; but in the latter case from endosmosis. Large vibrios are more destructive than smaller ones, or than bacteria. When chloroform destroys infusoria, it does not appear to disorganize them much, and therefore its application might be useful in their study. We have noticed that when a raceme of barberry flowers is held over a vial of chloroform, the stamens lose their natural motility; and in its vapor, too, the leaflets of the sensitive plant close, the leaves drop, and small plants are even killed by it.

It appears that minute organisms are not proof against the action of the agents in a more concentrated state—of carbolic and sulphurous acids, for instance; nor against severe boiling for four or five hours, as shown by Professor Wyman; nor concentration by boiling; and their germs, if they have true germs, would probably be destroyed in the same way. But Professor Wyman further maintains, that when a fluid or substance is so cleared of actual or latent life, life cannot again appear. This last conclusion, however, we doubt.

The next experiments were as follows:

Fresh, or rather living and contractile muscular fibre, cut from the centre of a piece of flesh with a bright scalpel, was placed in an equally clean bottle heated in an oven, in which also the apparatus was adjusted; then was added distilled water, obtained from a steam-pipe of an engine working at a pressure of from 20 to 30 lbs. to the inch, which neither contained life nor generated it after several days' exposure. After boiling some time a cork was adjusted, through which a tube formed like the letter N was thrust. Asbestos soaked in sulphuric acid was packed in the tube, and then heated before being inserted. Immediately after the insertion the bottle was withdrawn, and the cork, &c., well cemented with sealing-wax. At first the vapor from the bottle escaped outwards through the tube, but the void was shortly refilled by the air passing inwards in a gradual manner through the asbestos. Of these bottles, five in number, the usual forms of life were afterwards found in four, though the fluid

was in one or two of the bottles strongly sour, from the acid having gained access.

Two glass-stoppered vials were cleaned, heated, and half filled with distilled water, which contained nothing visible under a high power of microscope; in one was inserted a bit of liver from an animal just killed; in the other a bit of muscle, still contractile, from the biceps of an arm just amputated for a railway accident. Both bottles had been kept boiling some time before adding the ingredients, and were stoppered whilst boiling, and the stoppers cemented. In both, after standing, motile bacteria-like particles appeared. Or the vials may be stoppered by fine baked corks, probably transmitting, but at the same time filtering the air. Infusion of hay and of belladonna so treated presented abundance of animal forms; solution of morphine none, but only a fine vegetable growth.

A piece of fresh flesh cut from an animal just killed was placed, with due precautions, at the bottom of a tube about a foot long, previously cleaned with caustic fluids, and which was then filled with distilled water, and covered in one experiment with wax, and in the other with oil of turpentine. Life appeared in both cases, and at the bottom of the tube rather than above.

Recently some of Liebig's extract of meat was boiled and semi-carbonized in a teaspoon in the flame of a spirit lamp, then boiling distilled water poured upon it in three tubes, the top being covered with heated oil and wax. After standing about ten days, bacteria, true monads, a few vibrios, and some higher infusoria were found in all three more or less. In the tube where the solution was weakest and the bacteria scarcest, there seemed an abundance of molecules, the first stage of the latter!

The writer, though he cannot offer it, presumes that an experimentum crucis would be one where the animal or vegetable substance used could not be supposed, either from strong heating or otherwise, to contain any extraneous germs; the water of solution likewise being devoid of them, by being produced, for instance, from steam at a high temperature, or by some other effective way; and the atmosphere being free from any suspicion of its being the medium, say by its being artificially formed from its constituent gases. The difficulties, including those of manipulation, scarcely appear to be of an insurmountable kind, to one more accustomed to chemical operations than the writer. Under the above circumstances forms of life ought, if heterogeny be true, to appear as freely as in ordinary air, which certainly was not the case in most of our experiments. Yet we may have now made it appear that we are inclined to believe that in such experiments neither the air nor water furnishes the organisms, if organisms they be, but the organic substance used, and especially in a state of change. Further, that germs, ova, or spores do not precede their appearance. They are the constant accompaniments of decomposition, and so associated with the last change or death of organic matter;



at any rate, as much this as what is grandiloquently called the "origin of life." In a short time they pass away, and higher Infusoria and green Alge and Pediatree, as Chlamydococcus, Colletonema, Englenæ, Urelke, and Scenodesmi, appear. With the income of bacteria in a fluid there is presented an appearance, such as has been often noticed, very like a simultaneous generation from dead organic matter, rather than an irregular birth from germs received from the air, though the pellicle certainly often forms at the surface. In this Zooglaea myriads of elongated atoms are arranged, either the precursors or the residue of bacteria; and at a later date, as remarked by Dr. Bastian, differentiated vesicular portions are seen, which, when freed by their vibratile force, enlarge and change somewhat in form, and thus become ordinary oval infusoria, such as Glaucoma.

In October, 1865, four experiments were made with simple infusions of bread-crumbs, bruised oats, secale cornutum ground, and chopped hay, the vessels containing the liquids being all alike, and simply placed to stand side by side. Though the organisms which appeared were mostly similar to those already named (as to genus), yet they varied a good deal in size and shape in the different vessels, and especially in the date at which they made their appearance as well as their departure. In the infusion of secale peculiar monads tardily appeared, and continued for some time, vibrios scarcely appearing at all. If glasses of solution of gelatine, albumen, sugar, and flesh be placed with the same surroundings, similar facts will be noticed: life will appear in the last very early, much later in the first three solutions, or in a compound of all three.

We lately placed three wide-mouthed vials containing distilled water, solution of the white of egg, and solution of flesh, in a dish, on which was poured a stratum of very putrid animal infusion swarming with bacteria. The vials were covered with a bell-glass raised a little above the putrid liquid. Three other vials were placed under another bell-glass with the same surrounding circumstances, but without the putrid liquid. Three others were entirely exposed to the atmosphere. No bacteria or germs could be detected in the dew collected from the interior of the first bell-glass. After some days there was an abundance of life in the solution of flesh, some appearance of it in the solutions of albumen, none definite (as long as the experiment lasted) in the water. The genesis of the forms was about contemporaneous in all the sets, though the fully exposed solution of flesh appeared to undergo its changes more freely. Such a variation in advent, increase, shape, and disappearance of these forms of life, as seen in the experiments recorded in the preceding paragraph, and their non-variation in these, must be an argument against their origin from the incumbent atmosphere, to say nothing of the difficulty of supposing the spores or eggs of aquatic organisms to exist there. Though we have found that microscopical slides placed over fermenting beer, or fading diabetic urine, exhibited the spherules of the yeast-plant, even in sequence, as well as minute molecules, yet tufts of

developed and fructifying fungi seen on the surface of the liquids accounted for this; and other slides, placed over putrid fluids presented no bacteria or vibrios, even if the Zooglaea was present. We, like others, have occasionally revived these forms of life, after being dried up, by applying moisture, but have as often failed. It must be conceded, however, that the lower vegetable forms, as fungi, algæ, and lichens, originate in suitable localities from spores, must be of different species, sufficient to produce all the objects of our observations, in cases of low terrestrial vegetation, or else we should have to suppose that different species of organisms arise from one kind of germ or germinal matter, which doctrine would be but a small remove from that of the heterogenist.

It must be allowed, though the appearance of these vibrios and bacteria in fluids that have been but moderately boiled and sealed from the air, may not satisfactorily prove that they have been generated from dead organic matter, it being possible that they or their germs, notwithstanding the boiling, may have been bodily present all along; yet, if it is true that they are often to be detected after such boiling and sealing, then a doubt is thrown upon certain experiments—those of Pasteur, for instance, justifying the serious distrust that has been expressed by Dr. Child and others, not of his manipulations, but of his microscopical examination of the products of these experiments.

The use of ferments to produce, or rather hasten, certain effects in otherwise suitable substances, may be an argument against the opinion which the writer is disposed to hold; and the opinion also appears contrary to our experience with respect to higher organisms. Yet on the whole, we see no want of philosophy in believing that these very lowest forms of life, whether they are only animal constituents or animals themselves, may arise *de novo* out of suitable nitrogenous matter, without ova or germs of any kind, yet not, we imagine, from the operation of any physical agent or agents, as heat (though, of all physical agents heat seems most correlative with life), but rather by a force *sui generis*, advocated by the school of Hunter, and, we think, unless we misunderstand him, by Dr. Beale amongst modern microscopists, though such a doctrine is far from popular. Further, we think that the advocates of the so-called spontaneous generation should not be set down as heterodox on that score, for they may think that such views necessitate something more than physical agents to act on organic matter in order to produce the manifestation of life; and though this may be every moment occurring, still it is in the beginning, if not in time, yet in animal existence at its very start; and, indeed, it is the view which the literalists might probably take of life—an aquatic genesis or bringing forth.

At present there may be no proof that these low organisms have any relation to the causation of general zymotic diseases, as for instance, of Asiatic cholera. What we have said, however, respecting the dejectamenta in ordinary diarrhœa may be recollected. Whether microzoa are a cause or a product of disease, or whether their generation is noxious or

the reverse, may not be certain. We may mention a few experiments, if experiments they may be called, which we have occasionally tried. With respect to small-pox, we have found that glass slides, moistened or not with glycerin, placed in different positions in a ward which was rather crowded with small-pox patients at various stages of the disease, presented, upon examination under the microscope, irregular brownish scales, with granular matter attached to them, evidently from the diseased skin, also loose granules or molecules, and, of course, hairs, epithelium, and foreign matter. In such an instance the materies morbi must readily be inhaled by attendants in a pretty substantial form. The breath of a patient with malignant scarlet fever was received and condensed on a slide, and when examined it presented some elongated monads or bacteria, evincing an evident spontaneous movement. Granular particles, answering to the small molecules found, as mentioned above, on the slide suspended above the decaying diabetic urine, seemed also to exist on glasses placed for a few hours over the skin in small-pox and scarlatina, and in the latter disease apparently in the renal and nasal secretions. Such atoms may be worthy or not of further notice; at any rate, the subject would require the examination of an adept furnished with the best of instruments. In two or three trials I could discern no trace of life in pus from diseased joints, &c., whilst on the contrary, the muco-purulent secretion from a patient with diseased bladder presented moving bacteria of a somewhat peculiar appearance. In a case of diphtheria the expectorated membrane exhibited a somewhat fibrous stroma, with oval corpuscles rather distant, but apparently regularly disposed in it; but in a long fibrous cast, lately brought up in a fatal case of the same disease, occurring in an adult, the structure was of a more granular appearance.

**BASEDOW'S DISEASE v. GROVE'S DISEASE v. PARRY'S DISEASE.**—The malady known as *exophthalmic goitre*, or Basedow's disease, has among its characteristic symptoms, impairment of the muscles of the eyelids or innervation of them so that the palpebral fissure is wider than natural, with goitre, with disturbed action of the heart, palpitation, dyspnoea, &c., and with exophthalmos or protrusion of the eyeballs. Its name is now questioned. Emmert shows, from an extract of a work by Parry, that this author, as early as 1825, reported eight cases of morbus Basedowii, under the title of "Enlargement of the Thyroid Gland," with hypertrophy or palpitation of the heart. The description pretty well pictures the disease, although in but one of the cases was exophthalmos noticed, and no special weight given to that symptom. Besides this Parry gives five further cases, where enlargement of the thyroid gland occurred in connection with affections of the head, epilepsy, headache, dizziness, deafness, &c. Emmert, therefore, proposes to call the disease after neither Basedow nor Grove, but after Parry. In conclusion, the author reports twenty cases of his own observation. Of these, 10 per cent. occurred in men and 50 per cent. in women. Exophthalmos was



constantly present in one case, on one side only, while the thyroid gland was enlarged on both sides. In every case there were a diminution of sensibility in the cornea and conjunctiva, and lessened reflex action of the lids. At times there occurred a slight impairment of the sight without any apparent ophthalmoscopic cause, in two cases, atrophía nervi optici, and more often enlargement of the retinal veins with simultaneous constriction of the arteries. In about six cases peculiar disorder of speech occurred. When the individual attempted to speak, and the mouth was widely opened, there set in a spasmodic movement of the jaw, and only after some exertion was he master of his speech, which was somewhat hasty and often indistinct. (*Half-Yearly Compend. of Med. Science*, July, 1872.)

**LETHARGUS, OR FATAL SLEEP DISEASE.**—It appears that a peculiar disease in which no other symptom seems present than an inordinate disposition to sleep, which continues until the patient dies, and thus far no pathological changes have been observed in the cases. It is said to prevail in West Africa, occasionally, among the Negroes. "Dr. T. H. Bailey, who has observed it there, but who is not able more than others have been to explain its pathology, describes it briefly as follows: It is one of the curiosities of medicine. As the name implies, the principal, and in fact the only symptom that presents itself is lethargy, and one case is essentially a stereotype of all. The patient, usually a male adult, is seized without any premonitory symptom with a sensation of drowsiness, which continues rapidly to increase, in spite of all efforts to throw it off, until he sinks into a profound and seemingly natural sleep. This continues for about twenty-one days, when death takes place. Throughout the course of the disease the patient preserves a quiet and peaceful countenance, may be easily aroused for a short time, will take nourishment, and generally answer a few questions in a perfectly rational manner. The pulse, respiration, and temperature remain normal throughout. The pupil is neither dilated nor contracted to any noticeable extent, and the urine and feces are voided with comparative regularity. With the exception of the abnormal tendency to sleep nothing exists to denote disease. Many careful post-mortem examinations have been made by competent men, but nothing of an abnormal character has been found. Dr. Smith, colonial surgeon at Freetown, says that every remedy that could possibly be of any avail has been used without any apparent beneficial effect. They sleep on and glide into eternity in spite of professional skill." (*Boston Med. and Surg. Journal*, No. 2328.)

**SUGAR IN NORMAL URINE.**—Brücke was the first to state that the healthy urine of man contained sugar, since, on boiling with alkali, it became of a deep yellow color and reduced small quantities of the oxides of bismuth or copper. Bence Jones repeated Brücke's experiments, and by another method, enabling him to obtain carbonic acid and alcohol as the result of its fermentation, convinced himself of the presence of sugar in normal urine. Kühne estimated the quantity at 0.1 per cent. These



statements are contested by Prof. J. Seegan, in Pfluger's Archiv. (Band v, Heft viii). Starting from the observation that all symptoms of diabetes are not unfrequently present when the percentage amount of sugar does not exceed that given by Kühne, he thought it highly improbable that such a discharge should be of normal occurrence, and he was induced to examine the whole subject methodically. He took large quantities of urine and repeated the various methods for the detection of sugar given by Brücke and others, but with only negative or unsatisfactory results; which were chiefly owing to the fact that all the sugar tests at present known are not sufficiently precise. He therefore maintains that the excretion of sugar by the urine is not a physiological function of the kidneys, and that in the normal state none is present. He further observes that the persistent excretion of even very small quantities of sugar in the urine is accompanied by the general symptoms of diabetes. (London Lancet.)

**INOCULATION OF TUBERCULOUS MATTER ON THE HUMAN SUBJECT.**—Messrs. Paraskeva and Zallonis, of Syria in Greece, have published in the Gaz. Méd. de Paris (April 27th, 1872), an account of five experiments on rabbits, wherein tuberculous matter, either mixed with the food or inoculated, excited deposits of the same kind in the lungs, thus confirming Villemin's investigations. The authors attempted besides a bolder experiment, and inoculated a fisherman of fifty-five years with tuberculous matter on the upper part of the thigh. This man was suffering from gangrene of the great toe, in consequence of obliteration of the femoral artery. He steadily refused amputation and the authors considered themselves justified in undertaking the experiment. The patient died thirty-seven days after the inoculation and had never been ill before in his life. Seventeen tubercles, in the first stage of development, were discovered in the apex of the right lung; two were of the size of split peas and the others as large as mustard-seeds. Two more tubercles were observed in the apex of the left lung. The liver looked healthy, but presented two tubercles on its convex surface of the size of peas. The authors conclude that they have proved their point; but it should be recollected that, in ordinary autopsies, tubercles are often found when their existence from the history could hardly have been suspected. As for animals, it may always be asked whether we can, in all cases, conclude that the phenomena observed upon them would be the same upon man. (London Lancet.)

**THE INFLAMMATORY AGENTS OF PUS.**—Dr. Chauveau, of Lyons, pursuing his researches on the general physiology of virulent fluids, has just published in *La Revue des Cours Scientifiques* an account of several experiments made with pus. The main result of these experiments (concludes M. Chauveau) has been to show clearly that putrid pus, which induces fatal results when injected into the tissues, becomes almost innocuous when it has been perfectly filtrated, thus giving evidence of the corpuscular state of the inflammatory agents of pus. (London Lancet.)

DR. J. C. MORGAN, in relation to the article on pus in the Scribe's report, referred to Dr. Goldsmith's experiments on pus.

DR. DUDLEY offered the following preamble and resolution:

*Whereas*, The State Society at its last meeting adopted a resolution, "that each county or local society prepare and discuss during the year a paper upon some scientific subject, and present the same at the annual meeting of the State Society for further discussion and adoption; and that of the papers thus offered, the one deemed most worthy shall be selected as the State Society paper for presentation to the American Institute of Homœopathy," therefore

*Resolved*, That in accordance with the above resolution, we respectfully request Dr. A. R. Thomas to prepare a paper on *Dysentery, its Etiology, Pathology, and Treatment*, and present the same for discussion at the January meeting of this Society.

DR. A. R. THOMAS would not assume the responsibility of preparing such a paper, and, from want of time, positively declined. The further consideration of the paper was thereupon postponed until the next meeting.

DR. J. C. MORGAN mentioned some cases of *Intermittent Fever* he had recently treated. Eupatorium perfol. seemed to be indicated frequently. One of its characteristics was, sick feeling at the end of the chill. Caps., Natr. mur. seemed likewise to be required. Gelsemium has chills beginning in the hands and feet; sleeping through the heat; muttering on half waking up. Capsicum has similar symptoms, but the chill begins in the back. Bryonia, thirst for large quantities of water; headache aggravated by motion or turning the eyes; headache through the chill and heat; better as soon as the sweat comes on. He had satisfactorily given Veratrum alb. 2c, in a case occurring in a child, where there was clammy sweat throughout the paroxysms and between them.

DR. B. W. JAMES moved, and it was carried, that the Board of Censors be requested to secure a paper for the next meeting of the Society.

The Society then adjourned.

The *November* meeting was held on the 13th, and was largely attended. In the absence of the President, Dr. Richard Gardiner was called to the chair.

The preamble and resolution offered by Dr. Dudley at the last meeting were taken up and amended, the resolution to read as follows:

*Resolved*, That in accordance with the above resolution, the Chairman is hereby instructed to appoint a member of the Society to prepare a paper and present the same for discussion at the January meeting of this Society.

The preamble and resolution as amended were then adopted; whereupon the Chairman, at the request of members, appointed Dr. Jeanes to prepare a paper as above.

THE SECRETARY then read a *Fee-Bill* prepared by a member of the

Society. On motion, the paper was received, and on further motion, its consideration was postponed until the next meeting.

DR. JOHN C. MORGAN then read a very interesting and valuable paper on "*Nasal Catarrh*." (See page 201.)

On motion, Dr. Morgan's paper was accepted, with the thanks of the Society.

DR. E. A. FARRINGTON said: In cases of nasal catarrh which arise from an abuse of mercury, we generally think of the iodide of potassium, but the chlorate seems to me to be a remedy much neglected. The iodide, it seems to me, is indicated where the mercury has awakened a scrofulous taint, or where there is a syphilitic basis; the chlorate where the mercury has aroused rather a scorbutic tendency, or where there is a tendency of the mucous membrane of the air-passages to take on diphtheritic effusion at every cold taken.

DR. B. W. JAMES.—There is one method of treatment not alluded to by the author of the paper, viz., the direct local application of medicines to the parts affected. Either a spray of the medicine in liquid form, or powdered, is blown to the parts, and acts directly upon them, at the same time acting constitutionally, as it is absorbed into the general system. Dr. Otto Füllgraff, of the Bond Street Dispensary, New York, has treated many cases in this way, and states that he has cured some cases that were otherwise not curable. He has invented certain tubes, by which he applies his medicines. (Dr. James exhibited these tubes.) He, Dr. James, had no doubt that this was an excellent method of treatment in many cases.

DR. MATTHEW S. WILLIAMSON asked in what potency the medicines were thus used by Dr. Füllgraff.

DR. B. W. JAMES replied that he did not know positively, but judged that he ordinarily used the 1st dilution or trituration. He supposed that medicines could be used in this way in any potency.

DR. M. M. WALKER.—In Prof. Skoda's wards, in Vienna, the same method was resorted to; instead, however, of the breath, an air-bulb was used for blowing the medicines through the tubes, and but a slight puff was required.

DR. W. M. WILLIAMSON.—Two remedies have been omitted from this paper, which I have frequently used with great satisfaction. These are Ammonium carb. and Cinnabar. The last named I use very frequently in incipient cases. I am sorry that more stress was not laid on the offensiveness of the discharge as a characteristic for Silicea.

DR. J. C. MORGAN mentioned that Dr. Lippe gave as a characteristic of Cinnabar, "dryness of the throat at night." He had found it a reliable indication.

DR. JOSEPH E. JONES, of West Chester, Pa., said he had had excellent results from the administration of Cinnabar in nasal catarrh, particularly if complicated by a syphilitic constitution. In one case especially that he remembered, where the discharge was profuse and fluent, and there was a fine rash upon the forehead, Cinnabar acted very promptly

and satisfactorily. He recommended Petroleum as a medicine worthy of attention in the treatment of nasal catarrh. He had had most excellent effects from it. He had often used Silicea advantageously, and thought it indicated especially where the ulcerative process has attacked the osseous structures.

DR. PEMBERTON DUDLEY.—Dryness of the throat is often caused by the stoppage of the nostrils at night, compelling the patient to sleep with the mouth open. In such cases Ammonium carb. and Kali bich. would be indicated. In one case where there was profuse discharge by day, but the nostrils were stuffed at night, and the mouth and throat were consequently very dry, Ammonium carb. relieved the whole trouble promptly.

DR. B. W. JAMES.—We must bear it in mind that cases of pseudo-catarrh occur from children forcing foreign bodies into their nostrils. If these remain long enough, all the symptoms of catarrh may be set up. Sometimes persons get dust in the nostrils and nares, as, for instance, men who work in coal, and as it accumulates in sufficient quantity, it sets up inflammation, and perhaps ulceration may ensue. It is necessary to make a careful examination of the passages in treating these cases.

DR. MORGAN asked Dr. Williamson to give the general indications for Ammonium carb.

DR. W. M. WILLIAMSON.—General pallor of countenance, and general ill health of the patient; general dryness of the skin. He would likewise mention Teucrium marum verum, as a medicine often prescribed by him in cases where there was discharge of vitiated mucus in irregularly shaped masses, which sometimes look as though they were casts of the nares.

DR. JOSEPH E. JONES had given Alumina in cases where the masses were very large and irregular in shape, or resembled casts of nares.

DR. W. M. WILLIAMSON.—A disposition to draw the masses or clinkers back into the pharynx every morning, was an indication for Aurum, particularly if the discharge was fetid.

DR. E. A. FARRINGTON referred to Phytolacca as a remedy which should not be neglected. Its indications are: Discharge from one nostril while the other is stuffed, and stoppage of both nostrils when riding in the open air. Thuja had been recommended where the discharge was green and semifluid. He wished to know whether any one had confirmed this.

DR. J. C. MORGAN.—In regard to the insufflation of medicines prepared with sugar, he would say that the power of sugar alone over ulcerations was very great. He had often used the powdered sugar with very good effect in ulcerations, and even in incipient gangrene, by sprinkling it over the surfaces involved. He also used it in baby's sore mouth, without borax or anything else. He made a paste with water and applied it. The nasal douche is being abandoned now, even by the old school, as a dangerous practice.

The Society then adjourned.



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"HOMŒOPATHY MISAPPLIED" AND MOLECULAR MOTION.

BY PEMBERTON DUDLEY, M.D.

(Read before the Philadelphia Homœopathic Medical Society, December 12, 1872.)

At the meeting of this Society in January, 1872, I had the honor to present a paper entitled "Homœopathy Misapplied," in which, recognizing the undisputed fact that all natural laws have their own particular field of action, beyond the bounds of which they are inapplicable and therefore inoperative, I endeavored to define exactly, though in general terms, the limits of the field of the curative law of similars. The views set forth were as follows:

1. That in order to remove a group of symptoms we must affect the cause which maintains it. 2. That the effect produced upon the cause of a group of symptoms may be either mechanical, chemical, or dynamical. 3. That a drug may act in any one of these ways. 4. That its mechanical action is exerted upon the arrangement of the parts of the body, its chemical action upon the structure of its tissues, and its dynamical action upon the functions of its organs. 5. That the homœopathic action of a drug—being dynamic—is exerted upon functions, and that only through some change thus produced in a func-

tion can any structural effects be produced homœopathically. 6. That a homœopathic remedy does not act by first modifying the action of some healthy organ, but affects *directly* that particular function whose disorder gave rise to the symptoms. 7. That the homœopathic action of a drug, therefore, is always exerted upon a disordered function, and this disorder must always be the maintaining cause of the group of symptoms which leads to the selection of the remedy. 8. That any group of symptoms which has any other maintaining cause than functional disorder cannot be reached by homœopathic treatment. 9. That symptoms resulting from a mechanical derangement of parts or chemical alteration of tissue must be treated on other principles; unless the structural change is itself maintained by functional disorder, in which case it cannot of course be regarded as the cause, but must be considered as one of the symptoms.

These tenets seem to have excited a considerable amount of opposition,—a subject of some surprise when it is remembered that the object of the paper was merely to *locate* a boundary line whose existence is recognized by all homœopathic writers and practitioners, but whose position has never been determined to the satisfaction of the great mass of the profession. Still more surprising is it, that no one of those who thought that our location of the line was incorrect, have made any attempt to tell us where it really is, although the worth of such knowledge is as vital as human life. Two or three of the points raised in opposition to the paper we propose very briefly to consider.

The final conclusion reached in our discussion of "Homœopathy Misapplied" is, that no group of symptoms is amenable to homœopathic treatment unless it be maintained by functional disorder. The distinguished editor of the *North American Journal of Homœopathy*, current volume, page 274, totally denies our major proposition that "the homœopathic action of a drug is always exerted first upon the functions." He makes no effort, however,

to controvert it either by fact or reason, but contents himself with a quotation from Carpenter, and there lets the subject drop. As if a doctrine constantly and persistently taught by Hahnemann and accepted by nine-tenths of his followers (we had supposed by *all* of them) could be set aside by half a dozen lines from Carpenter. The fact of the matter however is, that Carpenter means exactly the reverse of what our editorial critic supposes, and fully sustains our proposition above alluded to. His language as quoted is, "Derangement in functions—in other words, an imperfect or irregular action—always results either from some change of structure or composition in the tissue itself, or from some corresponding change in the external conditions under which the properties of the organ are called into action" (Phys., p. 213). These "external conditions" he defines as "certain stimuli by which these properties are called into action." This language is very plain, and can only mean that a change in function may be caused by a change either in the organ which carries it on or in the stimulus which excites it. But our critic quotes it apparently to show that all diseases are essentially structural, citing the modern speculations of molecular action to sustain such a view. We shall have occasion to revert to this point before we conclude. And now the strangest part of the whole matter is yet to come; for after totally denying that the homœopathic effects of a drug are exerted first upon functions, he says (page 277) that "every homœopathically acting remedy is a stimulant." We are entirely unable to reconcile these two statements. What then *is* his belief? If he had gone two steps further and said that a homœopathic remedy is not only a stimulant but a restorative and specific stimulant, he would have agreed exactly with Dr. Bayes, and better still, would have been exactly right. For a homœopathic remedy acts as a *specific restorative stimulant*, and in no other way.

It is also urged that the tenets of our paper on "Hom-

œopathy Misapplied" are flatly and repeatedly contradicted by the results of experimental tests. We shall not oppose to this statement the counter results of others' experience, and especially not our own. If any certain result has been *but once* obtained from a certain cause acting under certain conditions, then any after failure can result only from a failure either to apply the cause or to secure the conditions for its action. If any single case of hemorrhage from a torn but healthy bloodvessel has ever been cured by homœopathic means, then all similar cases can be similarly cured, and failure can result only from ignorance. Now, before we can decide that such a cure has actually occurred, we must know to a certainty, 1st, that the remedy was correctly chosen; 2d, that no other agency could have operated to effect the result; and 3d, that the remedy could not have excited any function to excessive action. For remember that a drug may act homœopathically only so far as to restore a function to its normal degree of activity. If it urge the activity *beyond* that point, its action is no longer homœopathic. To illustrate: If a heart whose normal pulsation is 75 should have it reduced by disease to 60, the remedy which raises it to 75 again may be homœopathic; but if it raises it above 75, it is no longer homœopathic; its tendency is no longer towards health, but towards disease. This is the reason why it is impossible for a homœopathic action to directly produce catharsis, or emesis, or diaphoresis, or diuresis, or ptyalism, or ergotism. The very (restorative) nature of the action utterly precludes such a possibility, and constitutes one of the chief advantages of our system—its perfect harmlessness. So that in any case of hemorrhage not maintained by functional disorder, the remedy which checks it may be a stimulant—may be selected according to the totality of the symptoms, but it is *never* homœopathic. The homœopathicity of a drug depends not upon the principle on which it is selected, but upon the manner in which it acts.



But how shall we gainsay the arguments of experience? How can men be deceived in accepting the evidence of their own senses? In our day men accept the teachings of the inductive philosophy with almost unquestioning faith, while the *deductive* method is very generally regarded with distrust. And yet all that is being accomplished in the way of mechanical invention is the result not of induction but of deduction. And all that we certainly know of the principles of science is due not alone to induction, not alone to deduction, but to the concurrent testimony of both. Either is liable to mislead, and only the agreement of the two is regarded by men of science and of sense as "the end of all strife." In all human advancement deduction gives the direction, and induction comes after to confirm us in the way. Without induction we are always left in doubt; without deduction our advancement must forever cease.

Of course you will quote to me the deductive demonstrations that a vessel could not be sped across the Atlantic by steam, and that old Diogenes could not walk, and the very emphatic manner in which they were refuted. I will, therefore, quote one very recent instance in which our boasted induction has involved her reputation for veracity in the gravest peril.

Dr. H. Charlton Bastian, of England, has lately published the results of some experiments conducted with a view to demonstrate the doctrine of spontaneous generation. In these experiments solutions of hay and turnip and also of tartrate of ammonia were violently boiled in a flask, and while still boiling the neck was hermetically closed to prevent the ingress of air, thus creating a vacuum. The temperature was then maintained for hours at near 300 degrees Fahr. The flask was then placed in the proper conditions of light and warmth, and after a time the solution was found swarming with Bacteria and other forms of animal life. Now as Bacteria cannot survive a temperature above 140 degrees, it follows that a

heat of 300 degrees must have utterly destroyed them ; and as nothing could be supposed to enter the glass from without, the induction was inevitable that these animals must have been generated *de novo* out of inorganic materials, and in obedience to chemical and physical laws. This induction would seem to some perfectly reasonable, and yet it is entirely and hopelessly at fault : first, because the temperature which destroys Bacteria might not be sufficient to destroy their germs ; secondly, because there is no certainty that some particles of air did not penetrate the glass under the immense atmospheric pressure ; thirdly, because Pasteur's experiments afford the strongest evidence that when the proper conditions are secured no such results can be obtained. In the experiments of Pasteur, air, passed over red-hot pumice-stone, was allowed to enter the flask, thus avoiding a vacuum, and obviating the effects of atmospheric pressure. Fifty times was the experiment repeated, and fifty times a careful examination failed to reveal a single trace of animal life. We may also remark that when milk was used as the menstruum, a temperature of ten degrees above the boiling-point was required because of its slight alkalinity.

So much for the accuracy and certainty of induction. If then induction, based on the treatment of a case of hemorrhage, teaches us to expect a certain result, and deduction, based on the law of similia, teaches us that such a result is impossible, which shall we believe—the evidence of our senses or the truth of the law ? And which shall we distrust—our capacity for deduction or our power of induction ?

The third and last point to be considered consists in an intimation that the modern theories of molecular motion will explain how homœopathic action can be made effective in cases where, without these theories, the application would seem impossible (see *Hahnemannian Monthly*, vol. 7, p. 410 ; vol. 8, p. 24 ; *N. A. Jour. of Hom.*, vol. 21, p. 277). I cannot avoid the feeling that I am belittling my

subject in thus carrying it out of the realm of actual knowledge into the domain of speculation and hypothesis, and have purposely avoided it until this time, lest the earlier introduction of theories into the discussion should divert attention from more substantial principles and facts. And the examination into these theories is undertaken now, only to prevent those physicians who have better employment than investigating speculative assumptions, from imagining objections where none exist. Let me add here that when any theory is found to disagree with known principles, the principles must be retained and the theory rejected. But we apprehend no such necessity in the present discussion. We expect to show that the molecular theory fully sustains the view that homoeopathic action is always exerted upon disordered function, never upon structure except indirectly; and that upon whatever subdivision of the body a homoeopathic influence is directed and impressed, whether upon an organ, a cell, a molecule, or an atom, in any and every case it affects the motion first, and changes it from an abnormal to a normal one.

Some of the prevailing notions respecting molecular movements are scarcely worthy of the name of theory, being little more than purely gratuitous assumptions. The theory of Prof. Bayma differs from these in being carefully constructed from premises derived from acknowledged facts and accepted principles. It is briefly stated as follows:

1. Bodies do not act upon each other by mathematical contact.
2. Matter consists of unextended elements (points) whose parts never touch each other.
3. No other powers exist in the elements of matter except locomotive or mechanical powers.
4. Elements may be either attractive or repulsive, and molecules being made up of both sorts, can at certain distances attract and at other distances repel each other.
5. Simple elements cannot be attractive at one distance and repulsive at another. At

all distances they must be either attractive or repulsive. 6. Elements are not chemical atoms. They are indivisible points without material extension. Molecules are systems of elements. 7. Simple elements have a sphere of activity, and act with a force inversely to the square of the distance, whether the distance be stellar or molecular, microscopic or telescopic. 8. The molecules of primitive bodies, as hydrogen, nitrogen, &c., have a regular geometrical form. 9. A molecule of a primitive body is a system of simple elements, constituted by a centre, a number of regular concentric, polyhedric nuclei, and a regular polyhedric repulsive envelope; all indissolubly bound with one another by dynamical ties, and subject to a kind of palpitatory motion, by which they constantly contract and dilate with surprising rapidity. (*Vide Bayma's Molecular Mechanics.*)

Complex as the primitive molecule is thus made to appear, it is much less so than the organic molecule, for the latter is made up of a number of primitive molecules, and these not all of one and the same kind. In addition to this the molecule of germinal matter—the kind with which we have to deal in this discussion—must also be provided with means for its own growth and waste and reproduction, and thus acquires a degree of complexity which the human intellect will probably never unravel, nor the human imagination comprehend. Dr. Beale teaches that the increment of the germinal molecule takes place at the centre, and at this point the highest grade of vitality is reached; this quality diminishing as the substance moves outwards from the centre. According to the same author, “New particles are constantly being added and old ones removed, and the proper activity of these processes constitutes the normal or healthy state of the tissue, and any influences which interrupt or suspend the due performance of these compensatory changes, produces an alteration in the structure, properties and action of the elementary parts.”



We may thus form some faint idea of the structure of living molecules, and of the motions that are constantly going on among them and within them, and the importance of these motions in carrying on the vegetative functions; the manner in which the purely animal offices are carried on being by no means so clear.

Now for the time being let us accept these views, while not forgetting the statement quoted from Beale that *alterations in the structure, properties, and action of the elementary parts, are the result of interruption or suspension of the processes of removal and repair, i.e., the movements of the molecules or particles*. And the question for us now to consider, as relating to the limit of homœopathic action is this: Can a medicine acting homœopathically effect a change in the structure of a molecule in any way except by modifying its motions?

It is only necessary in answering this question to state, what all will admit, that in order to change the structure directly the remedy must incorporate itself in the molecule and become a part of its structure. Suppose now the remedy is Arsenicum, or Mercury, or Atropia; how can it be possible to introduce such agents into the structure of a molecule without producing results exceedingly hurtful if not fatal to the whole molecule? The remedy must act as a foreign body; it must change some of the most important properties of the molecule; its weight, its density, its attractive and repulsive power and its motion; all of these; and yet these may not *all* have been in need of a change. Hence the changes thus effected must be pathogenetic, *not* curative. But further it is well known that unchanged mineral substances (and some mineral remedies pass through the system without change) cannot enter into the structure of living matter and cannot unite with it, except by the action of chemical affinities. And Dr. Madden and others have shown that, before chemical reagents can satisfy their affinities upon vitalized matter they must reduce its molecular motions

to an intensity and quality similar to their own; in short, they must kill it, before they can combine with it. Such an effect of a drug could scarcely be accepted as homœopathic. But suppose the remedy be one of the class known as "nutritive remedies," will it not be capable of entering into the molecular structure without producing harm? This question has been already disposed of by Grauvogl, but we may add that if a remedy can enter into the composition of a molecule while acting homœopathically, its necessity must have been indicated by symptoms, and these symptoms must be similar to symptoms produced by forcing the remedy into the molecular structure at a time when there was *no need* for it. And it must follow that the symptoms produced by an *excess of nutriment* must be exactly similar to symptoms produced by a *lack of nutriment*, which is unreasonable and absurd. Moreover it must follow that the same substance taken into the system, not as medicine but as food, must be capable of producing symptoms (provings), which is also opposed both to reason and to facts. We may, therefore, set it down as a demonstrated fact, that there is no such thing as a homœopathic nutritive remedy.

But will the action of a homœopathic remedy or molecular motion explain how it can remove a group of symptoms *not* dependent on functional disorder? Of course, if a homœopathic medicine cannot effect a change of structure except by changing a functional action, and cannot change functional action unless it be disordered, it follows that diseases essentially and fundamentally structural must be treated either by mechanical or chemical methods, or else by stimulating a healthy function to excessive action; and such stimulation is not restorative, and therefore not homœopathic, but pathogenetic in its tendency and results.

We feel then fully confident in the correctness of the view under discussion, that "any group of symptoms maintained by any other agency than disordered functional action is not amenable to homœopathic treatment."

CLINICAL OBSERVATIONS ON THE EMPLOY-  
MENT OF CERTAIN REMEDIES.

BY J. H. MARSDEN, A.M., M.D.

*Arsenite of Copper.*

WHATEVER prejudices may be entertained by some physicians against the report of clinical cases, there can be no doubt that to a well-trained mind no testimony to the utility of a medicine is so satisfactory as its successful employment at the bedside of the sick. We may vociferate till we are hoarse "*similia similibus curantur*," and yet if our drugs fail to afford relief in the cases to which, according to this principle, they seem to be applicable, not only the faith of our patients, but also our own would very soon fail. We remember to have been present many years ago where a gentleman was lecturing upon chemistry. He held in each hand a colorless solution, which he told us he was about to mix, and very confidently predicted the chemical action which would ensue and the color of the resulting compound. Owing, we suppose, to some failure to comply with the requisite conditions, no such result followed. "What a lie!" exclaimed a youthful voice behind me, considerably louder than a whisper,—"what a lie!" So too, were not the great truth embodied in our formula confirmed by our daily experience, even at our mature age we could not avoid the exclamation of the boy, what a lie!

Arsenite of Copper is very cursorily noticed in Jahr's *Symptomen Codex*,—is indeed disposed of in about half a page. Pereira, so far as I can find, does not mention it at all. At the first meeting of our State Society held at Harrisburg, a paper was read by Dr. Blakely, detailing at considerable length a proving which he, assisted by some of his colleagues, had made of this agent. It occurred to me at the time that it might be found susceptible of very important applications, but I had forgotten all about it

till the following happened about two years ago. I met a man upon the public road who said he was coming to my office to consult me. He had been there some weeks before, but, not finding me at home, had been advised to take some one of the nostrums everywhere for sale; had done so, but obtained no relief. He said that as far back as the previous August he had been attacked with violent crampy pains in the lower bowels, accompanied by extreme vesical and rectal tenesmus; was under the necessity of voiding his urine very often, and with great suffering. He had been treated at the time, so far as I could learn, with opiates, which had modified the violence of the disease, but left it still going on in a chronic form, from which he had failed up to that time, I think in the month of November, to find any relief. The symptoms detailed suggested the Arsenite of Copper, the proving of which I then partially recalled; and upon returning home and consulting the details as given in the Society's published "Transactions," I thought myself sustained in the choice. Fortunately, the medicine was on hand, and accordingly sent. In about two weeks the patient returned to report: said he had begun soon to amend, and was then entirely free from pain. I saw him again at about the same interval, when he still remained well.

CASE 2. The next case I will select out of many treated with this remedy, is that of a young woman, the daughter of a farmer. She usually enjoyed excellent health, was probably about twenty years of age. About the close of a catamenial period (in this function she was regular), she had been assisting her father in planting corn. To lighten the burden of a feebler sister, she had performed a laborious part. The day was damp and drizzling, and although her clothes were not wet through, they had become moist while her person was warm and perspiring from her work. She was seized in the night with the most agonizing pain in the lower abdominal region, so severe that her parents were alarmed for her



safety, and her father called upon me before morning for a prescription for her relief. His account of the case was very unsatisfactory both as to its history and symptoms. The prescription was therefore given very much at random, but as partial relief followed, I was not requested till two or three days afterwards to see her. I found the pains already mentioned had been of a crampy character: they still continued, but less acute. There was an extremely tender spot, corresponding, so nearly as I can recollect, with the site of the left ovary; her tongue was heavily coated (white), and she had that general appearance of wretchedness which we mostly observe in patients long confined by severe sickness. Prescribed Arsenite of Copper, 3d, to be taken every two hours. Called again the next day: pain was gone, tenderness scarcely perceptible, and her whole general aspect wonderfully changed. Continued medicine at longer intervals, and did not visit the patient again. I was afterwards informed that she rapidly and completely recovered.

CASE 3. A young married lady, mother of one child, after some preliminary suffering, which I supposed portended an approaching attack of rheumatism, to which she was subject, began to experience pain in the sacral region, accompanied by a necessity frequently to urinate, and tenesmus of the rectum, with mucous discharges as in dysentery. These discharges were so constant that she was soon wearied out from her frequent risings, and was obliged to have a cloth placed under her to receive them, as they almost uninterruptedly flowed from the bowel. This patient took colocynth without any apparent benefit. After a fair trial of this and perhaps some other drugs, Arsenite of Copper was prescribed, under the use of which she rapidly recovered.

CASE 4. A boy, age not precisely known, had attacks of excruciating pains of the bowels occurring as often as every two or three weeks. He had been treated with morphia, under which they usually subsided, although

not very suddenly, to recur again at the usual interval. In one of his attacks, his father called upon me, when I gave him a few powders of Arsenite of Copper, to be taken at short intervals, perhaps at first every half hour. I was afterwards informed that immediately after taking—not more than—the second powder, he fell asleep and waked up free from pain. The relief appeared to his parents unusual, and they spoke of it in that way. I gave a quantity of the medicine, directing a powder to be given every evening for one week: then omit one week; then resume and take as before. The boy has not had any attack since, so far as I know, except one brought on apparently by eating excessively of green corn. Several months have now elapsed since the last.

CASE 5. But there is yet another application of this drug in which I fondly hope it promises much, and which to me is the most interesting of all. I allude to the obstinate vomiting of pregnancy. Every one knows how intractable this sometimes is. Cazeaux calls it “irrepressible vomiting.” During the discussion upon this subject at the last meeting of our State Society, Oxalate of Cerium was mentioned by some of the members as a very successful remedy. I myself adverted to a case in which I had given it just before leaving home, and which I presumed had been relieved, as I had not heard from it again according to agreement. Upon my return, however, I was sent for to see the lady, as yet unrelieved. She was the mother of three children, still young; had usually experienced some morning sickness during the early stage of her pregnancies, but nothing comparable to her present condition. She was now near the close of her second month of gestation; had been vomiting for some time, with occasional apparent ameliorations, but, upon the whole, growing worse; seemed to reject everything she ate; experienced constant nausea; had already become so weak as hardly to be able to sit up; very nervous; pulse quick and very feeble; complained of a *spas-*

*modic pain* in the region of the womb; after some dietetic indiscretion, had at one time tenesmus, with dysenteric stools. Nothing I had given her up to this time had afforded her at best more than temporary relief, including even the Oxalate of Cerium, 1st dec.

During the discussion just referred to, I think it was Dr. Gause remarked that he did not consider the vomiting of pregnancy dependent upon a dyspepsia, as perhaps many regard it, but thought it had its origin in a neurosis or morbid condition of the sympathetic system of nerves. This view at the time I remember met my hearty although unexpressed approbation, and I regarded this as the pathology of the case now under consideration. But, pathological theories aside, the spasmodic pain of which I have spoken and the tenesmus, according to the pathogenesis of the drug and my past clinical experience, pointed to Arsenite of Copper as probably the best remedy. Indeed, in many of the cases in which I have used it successfully, vomiting itself was a prominent symptom. It was so in Case 4, although I omitted to mention it.

I gave the lady Arsenite of Copper, to be taken every two hours. This was in the evening. The next day she was better, and continued steadily to improve; regained her strength rather rapidly until she attained her usual health. On the night of the 18th of September last I delivered her of a well-developed female child, and she made an excellent recovery.

It may possibly be found, upon further trial, that the Arsenite of Copper may prove useful in that painful affection experienced by some women during pregnancy, and which is commonly regarded as rheumatism of the womb. Of the rheumatic character of this complaint, as it generally occurs, there is great reason to doubt. It is a distinguishing trait of genuine rheumatism not to restrict its assaults to any one member throughout its whole course. But these pains, so far as I have noticed, do not

shift their seat to other organs. There are usually wanting, too, the concomitant symptoms of rheumatism.

I was called to see a patient (unmarried at the time), from 22 to 24 years of age, whose catamenial periods had ceased for several months. Her pulse was very feeble, and her whole appearance indicated extreme debility and suffering. She complained of pain which she had experienced for some time in the region of the womb—this was, as I understood her, of a spasmodic character. The signs of advanced pregnancy were unmistakable, although she was unwilling to admit that to be her condition. Arsenite of Copper was prescribed, and nothing further heard from the patient till nearly two months after, when I was called upon to attend her in labor. She then told me that all her sufferings had disappeared within a few days after she began to take the medicine; she had rapidly regained her good health, which she continued to enjoy up till the time of her confinement. Her labor was propitious, and her recovery good. This case occurred during the past autumn, and is the only one of the kind in which I have had an opportunity of testing the power of this drug.

Finally, it is my belief that the Arsenite of Copper will prove extremely useful, I had almost said a specific for those abdominal and other sufferings, sometimes obscure in their pathology, but often no doubt dependent upon neuroses of the sympathetic nervous system. It also promises something in pertussis; but in this disease my clinical experience with the drug has been too limited to speak with much confidence.

(To be continued.)

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## DYSENTERY.

BY DR. J. BUCHNER, OF MUNICH.

TRANSLATED FROM HIRSCHEL'S KLINIK, OCT. 15, 1872,  
BY S. LILIENTHAL, M.D.

DYSENTERY is a specific inflammation especially of the rectum and colon, the products of which differ according



to causes and in various epidemics. C. Aurelianus gave *tenesmus* as a differential symptom, but the differences of the exudations, during many epidemics, allowed of more liberal analogies being made, and thus the disease was considered as a rheumatism, as gangrene, neurophlogosis, erysipelas, croup, venosity, septicæmia, &c.: any of which may be correct and easily explainable by clearly diagnosing the adjectivism of the disease.

We understand by chronic dysentery only consecutive destructive processes. Let us try to give our reasons for our views, which are based on physiological and anatomical facts. If asking what are the chief remedies for dysentery, the reply is, *Merc. cor.* and *Acid. nitr.* We know of three forms of dysentery: 1, the catarrhal; 2, the diphtheritic or epidemic; 3, the septic or adynamic.

The so-called dysentery of war depends for its course upon the season, bivouacs, nursing, &c., and may be therefore numbered among any of the three forms.

Prophylaxis consists in taking care of the diarrhœas during dysenteric epidemics because the diarrhœa produces an increased susceptibility for the dysenteric poison, in removal of the dejections of dysenteric patients, in disinfection of the intestinal discharges, and in disallowing the use of all linen used by dysenteric patients.

In the catarrhal form such remedies may be thought of as *Acon.*, *Bell.*, *Atropin.*, *Colch.*, *Coloc.*, *Ipec.*, *Merc.*, *Nux.*, *Puls.*, *Sulph.* In the diphtheritic form, *Acid. nitr.*, *Arnica*, *Kreasot.*, *Secale*. In the septic form, *Rhus*, *Arsen.*, *Carbo veg.*, *Petroleum*.

The fever hardly ever affords an indication, and only in some cases needs medication. Thus, we would give to fibrinous patients, *Acon*; to lymphatics, *Bell.*; to albuminous and adynamic, *Rhus*; with erethismus, *Puls.*; in septicæmia, *Arsen.*; in diphtheria, *Acid. nitr.*

*Aconite*.—Rheumatic or catarrhal dysentery. Rapidity of appearance, severe fever at the beginning of hyperæmia and stasis.

*Belladonna* covers larger ground: it helps lymphatic constitutions, sleeplessness during remission, thirst, restlessness, hot head, delirium in children, dry tip of the tongue, vomiting, bloated abdomen, inflammatory affection of the omentum, therefore pain increased by pressure, cutting, burning pains in abdomen, slimy, bloody, or green stools, or severe tenesmus with small stools, prolapsus ani,

urinary difficulties. The vomiting of Bell. may be caused by, 1, cerebral pressure; 2, hepatic coaffection; 3, calculus; 4, inflammatory affection of the peritoneum; 5, morbus Brightii. In all such cases Bell. is the remedy for the time being and prepares the ground for another remedy.

*Atropine* is preferable to Bell. in too great nervous sensitiveness with excessive pain nearly bordering on neuralgia. It is under such circumstances more reliable and acts longer than Opium, which we consider only a reactionary remedy. Should the menses set in during dysentery, the tenesmus may spread to the mucous membrane of the vagina and urethra, but we need not change our remedy on that account.

*Rhus* stands in fevers next to Bellad., but the *Rhus* fever is more consuming and more deleterious. We find in *Rhus* want of plasticity of the blood, a tedious course, troublesome nights, dry heat, deliria, redness of the cheeks, dry tongue, great thirst, all in a higher degree than in Bellad.; accelerated and weak pulse, involuntary discharges, tearing pains in extremities.

*Mercury* and its preparations are the chief remedy in the catarrhal form, especially *corrosivus*. If we wish to make nice distinctions, we would say *solubilis* for small children, *dulcis* for lymphatic patients, *bijodatus* for strumous persons, *precipitatus albus* for persons with dry herpes, *aceticus* for such with moist herpes, *cyanicus* for adynamic patients, the latter being allied to *Acidum nitr.*

*Merc. cor.* is indicated in frequent small stools of bloody mucus with cutting pains in abdomen and insupportable tenesmus in recto, the patient bends over and rides on all fours on account of swelling of the solitary glands, the stools are bloody, mucus, foul-smelling, green, brown; tenesmus vesicæ with dysuria, inextinguishable thirst, dry tongue, heat, sleeplessness, small frequent pulse. Tenesmus continues after the discharge of the exudation, causes burning and sensation of excoriation in ano; aggravation after midnight.

*Colocynthis* suits blonde persons, who are more inclined to diseases of the mucous membrane; they have little tenesmus but much colicky pains, therefore cold sweat; inclination to drink without thirst, greenish-yellow watery-mucus stools mixed with pure blood, afterwards burning and twitching at the anus; especially when all food re-

produces the colicky pains and the discharges, or when the colicky pains prevail.

*Ipecacuanha* suits nervous persons in autumnal dysenteries, coaction of the cæliacus, vomiting of bile, slight tenesmus after stool.

*Nux vomica* follows well after *Ipec*. It is indicated in dysenteries during midsummer with severe tenesmus, whereby only small quantities of bloody mucus are discharged, with colic in the umbilical region, vomituration, or vomiting.

*Sulphur* may follow *Nux* where we find aggravation at night; discharge of blood, mucus, and pus, with fever, loss of appetite, cutting pain in abdomen of such severity that it produces nausea and excessive sweating. The fever consists more in a flying dry heat and is not accompanied by thirst.

*Pulsatilla* suits anæmic patients as well as the *Merc. aceticus*. Its symptoms are: white tongue, mucous vomiting, evening chills, crying mood, stool mucous, or mucus mixed with a little blood. Simultaneous affection of the mucous membranes of the respiratory organs with evening aggravation, little thirst, drawing pains in extremities, fear. After *Pulsatilla* *China* is often indicated on account of the remaining irritability of the nerves peculiar to crethismus. *Plumbum* corresponds to the worst cases with copious discharges of bloody exudations, accompanied by high fever, severe cutting in stomach and abdomen, tearing in the anus during the passage of the fluid and long-continuing tenesmus.

*Cantharides* gives us white mucous discharges, like the scrapings of the intestines, mixed with streaks of blood, and burning pains in abdomen and intestines, so that the patient cannot keep from moving; high burning fever with dryness, thirst and anguish.

More rarely indicated are: *Colchicum*. Dysentery alba in autumn, great straining, with small stools of a slimy fluid with large yellow flakes; cramps in the anus without consequent discharges; chilliness over the back, preceding intestinal catarrh; dysuria and discharge of a hot fiery urine, with simultaneous cramps in the calves of the legs.

*Dulcamara* after catching cold, and increased secretion of saliva; *Sulphur* with much fever and little thirst; sweat without relief. *Acidum sulph.* in scorbutic epidemics on



ships or in forts ; but even in such cases Acid nitr. is often preferable.

Artificial mercurial dysentery requires the antidotes of Mercury, according to the form of the disease: *Hepar sulphuris*, *Asafoetida*, *Acid nitr.*, *Arsen.*

Diphtheritis is a peculiarity of epidemics, or shows itself among the sequelæ, as in cholera. Uræmia, diphtheritis, and sepsis are the three potencies, producing the greatest mortality during epidemics. After the exudation has formed we find in diphtheritis and sepsis a rough dissolution of the organic substance ; necrosis and black softening are found in diphtheritis ; detrition of the organic substance in sepsis ; and the same remedy may be indicated in the latter stages of the disease for either case. The chief remedy *Acidum nitr.* has the following special physiological symptoms: Constant straining to stool without any discharge ; repeated discharges of mere mucus, sometimes with cutting abdominal pains and severe straining ; foul-smelling discharges ; bloody dysenteric stools, with tenesmus ; fever and headache ; before the stool bellyache ; during stool stitches, cutting, straining in rectum and anus ; during stool great loss of blood ; after the stool again straining without accomplishing anything ; after a soft stool nausea, general malaise, anguish, sensation of debility ; bellyache from continuous straining ; burning in rectum towards the perinæum, with straining, but no stool ; constant heat ; dryness in throat ; thirst ; intermittent pulse ; straining without discharge, or the tenesmus keeps on after a discharge. Consequent remedies are: *Arnica* in collapse ; *Kreasot* in malacia ; *Scadæ* in necrosis of the intestinal mucous membrane.

Mercur and Acidum nitr. are here in the same relation as catarrh and diphtheritis. The latter always produces loss of substance and this the more the later it is diagnosed, and may in its consequences be compared to the action of concentrated acids on the œsophagus. No remedy acts better in strictures than *Sulphur*, in peculiar cases also *Petroleum*, but the presence of a dyscrasia or accidental complication may lead us to *Baryta*, *Calcarea*, *Lycopodium*, *Silica* in long-lasting suppuration. *Mercur. cyan.* stands in good repute in diphtheria of the throat, and may also act well in such cases.

The septic form prevails in epidemics where many patients are crowded together. In severe cases *Rhus* is the



fever remedy, followed by *Arsen.*, *Carbo*, or the *mineral acids*.

*Arsen.* is indicated in decomposition of organic substances with symptoms of irritation; colliquation; red or bluish spots on the body; stinking urine; putrid stools, intermixed with mucous shreds; albuminous nephritis; symptoms of beginning paralysis of intestines or anus; severe pain; high fever; rapid sinking of strength.

*Carbo veg.* Torpor; depression, with burning heat, especially nights; putrid stools; cold breath; after the stool drawing towards the sacrum and bladder, with pressure on the rectum and burning in it; great sensation of emptiness; lassitude; anguish; trembling; debility.

*Kreasot.* Præcordial anguish; small pulse; dry tongue; burning in abdomen; foul-smelling urine; putrid stools; vomiting; as symptoms of necrosis of the mucous membrane. *Lachesis* and *Petroleum* may also be sometimes indicated.

In the two latter forms complications with other diseases are very deleterious. In the severest degrees perforation may happen when the muscular coat and the peritoneum around the eschar become necrotic and separate, or through suppurative infiltration. The practical question is: May adhesions form or not? In the first case recovery is possible; in the second death by necrotic inflammation follows.

## A SERIES OF PAPERS ON PSYCHIATRICS.

BY FRANK A. ROCKWITH, M.D.

### II.

In order to give the most practical character to these papers, we have thought it best to illustrate the theories appertaining to psychiatics by presenting clinical cases from our private practice.

CASE I.—Railroad conductor, 27 years of age, blonde, lithe, and of average normal bodily proportions.

The anamnestics of this patient are obscure, although, after much inquiry to and fro among his friends, they think that he received a stunning blow upon or about

the occiput in a railroad collision. Some are of opinion that he drank too much of late, and others that intermittent fever preceded his present state of health.

Somatically we have no hold upon him whatever—the cranial conformations being symmetrical, the osseous and muscular conditions excellent. Nor does the ophthalmoscope prove of any practical service, because of the uncontrollable restlessness of the individual.

We must note, however, as one of his conditions, a general sclerotic hyperæmia and extensive dilatation of the pupil.

The pulse is full, but soft, and 85 at an average.

The superficial venous circulation upon the head and neck is noticeably inturgescent.

We have, therefore, nothing but physical and psychical expressions to guide us in our diagnosis.

We find him stretched out upon the bed in a hemilaterally curved and opisthotonic position, with extensive gesticulations of all the extremities.

Roused upon his feet, he assumes fantastical postures which sometimes approach the pathetic, at other times the ludicrous; yet is he always cheerful, happy, and careless in all his movements.

His motions are performed rapidly, but never involuntarily as far as original intention is concerned—only extravagantly and excessively.

His shake of hands is a vice-like grasp; his declamatory answers accompanied with sometimes elegant, at other times unmeaning and awkward motions. He is the quintessence of politeness. None of these motions can strictly be called ataxic, because they are unmistakably the expression of his will, yet are they all in a hemilateral and opisthotonic direction, particularly so those of the head and its facial muscles, which exhibit symptoms of paresis from central irritation or hemispherical anæmia.

[We say anæmia—notwithstanding the venous surface inturgescence—because of the statement made to us that

repeated symptoms of eclampsia had already supervened. For the causative connection of cerebral anæmia and eclampsia have been so satisfactorily established by Fenner and Küssmaul (Moleschott's *Zeitschrift*, v. 3) that all further questions concerning this matter are useless.] This paretic condition of the muscles of the head is still more apparent in those of the buccal cavity, so that speech is both hesitating and the sounds hasty and expulsive.

The consciousness of the patient can hardly be said to be impaired or his memory defective merely because of the hesitation in lingual expression; on the contrary, his mind appears not unusually active, and expresses his anxiety to be relieved but too plainly.

He understands all our questions, and would answer them but for the lingual paresis.

He points explainingly to the region of the posterior and overlapping portion of the left cerebrum as the seat of his ailments; as, indeed, are all the motions from the left to the right, inclusive of those of the oculo motors.

The patient prefers the horizontal position, and—resting always upon his right side, with a marked inclination to bury himself in the bed—but for the resistance of the mattress, he would no doubt describe a constant rotary motion in this direction.

The only maniacal symptom is a desire to escape, with suspicion of a conspiracy against him; yet even this is but transitory and easily banished by engaging him in conversation.

The patient has been sick over three weeks, and has passed through the hands of several physicians; one of whom prescribed rest, another morphium, another chloral hydrate, and still another potassium bromide.

What influence each or all of these remedies have exerted can readily be imagined.

In the introductory number of these papers we said that curable psychosis manifests itself by two diametrically opposite conditions—namely, depression and exaltation—

and that these find their analogy somatically in hyperæmia and anæmia.

But even popular experience has observed conditions as opposite and distanced by difference of subjective relations as those just mentioned, for they have seen and still do see that the loftiest intellect may be shrouded in the deepest silence of the senses or be crippled by a partial or total incapacity for motion, and, again, that the most abject idiocy may possess undisturbed vegetative perceptive and motory execution.

Such observations must needs lead us to seek for explanations not so much in the nature of the psyche itself as in the structural and functional relations of its habitat, the central nerve-organization of the body.

But, as in the investigation of these central disturbances a topographical examination is impossible, and hence no such aids as those of the chest and of the organs of the trunk of the body in general are at our command, because of the jealous regard with which nature has protected this sanctum sanctorum of the organism, it will be necessary for us to arrive at a diagnosis by the inductive method, through observed phenomena. Leidesdorf tells us that just as the most prominent characteristics in the conditions of depression are manifested by a lowered self-confidence and diminished power of volition, so are, in the exalted states of psychosis, the spontaneous and unconquerable desires for motory and force-spending expressions the indicative points of diagnosis.

So that the cheerful, importunate, pompous, exaggerated, and by no external influences called for expressions, together with the heightened self-confidence in the patient, force us to classify the psychosis of our railroad conductor as one of those ailments belonging to the second division—the maniacal and exalted condition of insanity.

By a further study of the various forms of the maniacal phenomena we shall see, however, that there are now, much as in the condition of depression, two not unfre-



quently merging subdivisions; namely, those of rage (*M. cum furore*) and of confirmed lunacy.

Nor can we say of this class of ailments that they are at all characterized by a regular course of developments and progressions, and hence shall hold ourselves excused from accepting the medical care of this patient.

The common rule that the maniacal conditions are generally preceded by (although often unobserved) conditions of melancholy—a fact altogether missing and even improbable in this patient—as well as the suddenness of the first attack (in a billiard-room), the strictly motory spheres of the pathognomonic symptoms, together with the absence of all constitutional disturbances likely to have resulted from post-febrile or ebriose causes, would lead me to claim a traumatic origin for the disease.

And since the highest exaltation has not yet taken place, so that rage must sooner or later complicate the management of the case, it would be highly impracticable to continue it subject to home-treatment.

A second patient, now under my care, will enable me to pursue the study of this subject in our next number of the *Hahnemannian Monthly*.

NOTE.—A medical friend of ours having objected to the term “psychiatries” in place of “psychology,” we have thought it necessary to make these glossarial remarks:

Psychology would refer to the physiology of the mind, whereas psychiatries, like obstetrics, diagnostics, and homœopathies, signify a practice of; hence a practice relating to the mind.

So, also, may it seem odd to some to speak of anamnestics, it not being a very usual (although very necessary) medical term in this country, and particularly since Dunglison gives an altogether wrong definition of it. For it would not do to use the word history in its place, because we merely wish to inquire of that part of the personal history which relates solely to the past, forgotten, or unnoticed symptoms. Anamnestica, anamnestia,

anamnestics, deal only with the finding of remote or preceding causes, and hence stand in direct juxtaposition to diagnostics, which deals alone with present and still noticeable symptoms.

## PULSATILLA IN MALPRESENTATIONS.

BY MERCY B. JACKSON, M.D.

HAVING reported eleven cases in which evolution followed the administration of Puls. 30th in malpositions of the fetus, before the water sac was ruptured, and finding that some eminent physicians still doubt the possibility of such results, and being firmly convinced not only of the possibility but of the certainty of this power in Puls., and desirous of alleviating the sufferings of parturition by all safe means, I feel it a duty to publish other cases, closely resembling those before published, in order to confirm believers, and if possible to reach the minds of those who reject facts when they militate against their theories. It is noticeable that those who reject the evidence furnished by those cases do not say that they have made careful examinations, and when a malposition was found, tried the method described and it failed, but, without bringing it to the test of actual trial, reject the idea as if it were a theory, instead of resting as it does upon experiments and actual results.

If such were the course pursued by all scientists, no progress could be made.

In May, 1870, examined Mrs. C., then eight months pregnant; found a breech presentation. Gave Puls.<sup>30</sup>, five pellets in half a tumblerful of water, one spoonful to take every six hours. Evolution was accomplished in a week, and the child born at full time by the head.

March 2d, 1871, examined Mrs. H., who was expecting her confinement in a week; found a trunk presentation, back in front, head to the right. Gave Puls.<sup>30</sup> as before. She being out of town did not see her for five days; when I found the evolution so nearly accomplished that no further anxiety was felt. Continued the medicine, and on the 10th she was delivered by the vertex of a fine healthy girl, after a short and favorable travail.

March 15th, 1871, examined Mrs. McL. who expected her confinement daily; found a breech presentation. Gave

Puls. as before. In three days I examined again; found the vertex presenting. She was delivered on the 23d with so rapid a travail that I did not reach her until after the child was born, although only three squares from me. Nurse told me the child was born by the head.

Fourteen trials by Puls. to change malpositions have resulted in perfect success except in one, which was reported in the *Hahnemannian Monthly*, and in that, for reasons given, the Puls. was omitted some time before delivery, after it had converted a trunk presentation into a foot.

Is it reasonable to conclude that all these changes were the result of natural causes and would have been produced without the administration of Puls.?

I would here remark that these fourteen cases are all in which Puls. has been tried in my practice.

It is well known to many careful observers that the prolapsed uterus can be brought into place, sometimes in a minute, when recently fallen, by *Sepia* and some other remedies, and having myself experienced this twenty-five years ago, have constantly used *Sepia* instead of replacing the prolapsed organ by the hand, as being more agreeable to the patient and more effectual in retaining it than manipulation; and from long experience I am of the opinion that placing the patient in proper position and giving *Sepia*<sup>30</sup>, in the same way as Puls. in the other cases, will restore the uterus in nearly if not quite every case when it is one of simple and recent prolapsus.

I have cured several cases of years' standing by persevering with *Sepia*, a few pellets of the thirtieth nightly; in one case where the os had for eight years been visible between the labia majora.

Is it any more wonderful that Puls., by contracting two sets of the uterine muscles, should give an impulse to the fetus floating in the amniotic fluid so that it would be gradually brought into the most natural and favorable position?

We have not yet arrived at such a perfect knowledge of the powers of medicines as to be able to say they can or cannot do this or that, and consequently, when any new power is claimed to be discovered, ought we not to try it faithfully before giving an opinion on either side; especially in cases when it can so easily be done without injury to our patients, but with a possible advantage of great value?

All we ask of the profession is, carefully to ascertain



the position of the fœtus in the cases of midwifery intrusted to their care, and when a malposition is found, try Puls. faithfully as was done in the cases referred to, and conscientiously report the result, whether for or against its use. "Truth is mighty and will prevail," but we may retard its triumph by our neglect or opposition.

### EPIDEMIC REMEDIES.\*

. . . HAVING for more than twenty years studied the doctrines of Rademacher no less attentively than the views of Hahnemann, I have become more and more convinced every year that these schools in some respects complement each other, and that, by the application of both in practice, onward strides are made in special therapeutics which, by the aid of a reliable and naturo-philosophical basis of therapy, are of great importance for the welfare of our fellow-beings, as well as for homœopathy itself as a scientific and naturo-philosophical method of cure. Allow me, my esteemed colleagues, to draw a brief comparison between Rademacher and Hahnemann, and to direct your attention to the points which they have in common, as well as to those in which the two schools diverge from each other, and in which the one complements the other.

Rademacher and Hahnemann treat no pathologico-anatomical forms or disease products. Both, as regards therapeutics, are, therefore, opposed to the more recent pathologico-anatomical tendency, and to the physiologico-anatomico-homœopathic excrescences—if I am allowed this expression—of a still later date.

Both authors uphold the doctrine, very important no doubt for all epochs of future therapeutical medicine, that the last final cause and essence proper of disease (the first link of disease produced by the reciprocal action between morbid cause and organism), are not perceptible, and that only the later links of the pathological motions within the body, when such come to our observation as disease phenomena, can become the object of treatment. Thus Rademacher and Hahnemann consider diseases

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\* From an address delivered by Prof. Rapp, of Rothweil, at the general meeting of the Homœopathic Central-Verein, of Germany, at Stuttgart, August 11th. Translated from the *International Homœopathic Press*, vol. ii, p. 187, &c., by EMIL TIETZE, M.D.



already located and physically demonstrable as consecutive conditions, *i. e.*, as products of the preceding pathological process. Hence, both pay regard in their treatment only to the latter and the phenomena dependent thereupon, but not to the products as the objects of treatment *per se*; both, moreover, take good care not to let therapeutics find its annihilation in pathological anatomy. This view of diseases and their essence opens a deep chasm between the progressive portion of therapeutists and the orthodox rational school; a chasm that never will disappear as long as in place of a sound physiological *Materia Medica* new special pathologies and therapies are manufactured again and again, and imprinted upon the minds of the students by a process of stencilling, as it were. At this juncture I cannot but direct your attention to the work of Dr. F. Hausmann: *Ueber die Ursachen und Bedingungen der Krankheit*. Leipzig: bei Fried. Fleischer, 1867.

Hahnemann and Rademacher have completely freed themselves from the shackles of special pathology and therapy, and this mental operation in both men constitutes a merit in comparison to which the labors of all medical authors of a more recent date appear utterly insignificant. Both men consider the disease-process in its individuality, in its genesis, and in the totality of its subjective and objective phenomena, as related in its comparative bearing to the action of a remedy. Hahnemann and Rademacher apparently—but apparently only—differ in their views as regards the *modus procedendi* in treating pathological processes. While the former accepts the results of physiological drug-provings as basis, and selects his remedies according to the law “*similia similibus*,” the latter pays attention only to the action of drugs, invariable in his opinion, upon the patient, and places no importance in physiological drug-provings. Rademacher searches in all cases of disease for pathological disturbances of the blood or special organs, and groups his remedies accordingly, supporting himself with unmistakable talent by his experiences obtained at the bedside.

He deems the selection of a remedy according to the physiological symptoms of provings deceptive, and desires it to be made according to the affection of the organ itself. However, on the other hand, Rademacher in selecting his remedies pays due regard to single special disease-phenomena, by which he allows himself to be

guided in his remedial selection. If we read, for example, the cures with *Chelidonium* obtained by Rademacher and his adherents, and noting all the phenomena, compare them with our most recent proving of *Chelidonium*, we soon shall be convinced that he is an involuntary homœopath. Rademacher using, as he does, the pathological phenomena *per se* as remedial indication, is a homœopath, while Hahnemann finds the remedy by a comparison of the disease-phenomena with the drug-proving.

Rademacher attaches great value to the maxim, "*Ex nocentibus et juvantibus.*" Indeed, he can by no means dispense with this expedient, though we homœopaths also are not seldom compelled to avail ourselves of it in the end. The reason for this lies in the difficulty of immediately finding the right remedy in each individual case; a difficulty that is often much greater and of more consequence in acute diseases than in chronic pathological processes.

In consideration of the above remarks it requires no proof that Hahnemann enjoys a very considerable advantage, scientific and practical, over Rademacher.

Even though both efforts have their principal foundation in the local specific action of drugs, yet homœopathy rests upon a scientific and naturo-philosophical basis, while Rademacher marches with groping hands, so to say.

In view of all this I need not say how justly or unjustly Rademacher has heretofore been slighted by homœopaths. It might have been more profitable, perhaps, if the former had been better understood by the latter. For there is undoubtedly but a small step from Rademacher to homœopathy, and it is certain that the younger thinking physician, who has turned to Rademacher, will ere long find himself in the camp of homœopathy.

The adherents of Rademacher, in comparison to homœopaths, have a great advantage in the application of his doctrine of the epidemic constitution as regards the speedy and sure discovery of the specific remedy in acute diseases, and this point leads us to the epidemic remedies so-called.

Rademacher, according to his experiences, accepts *stationary* and *intercurrent* diseases. A *stationary* disease exists not only amid the so-called epidemic diseases affecting many persons at the same time, but even when but few are laid up by sickness or the number of cases does not

exceed that usual; hence the disease is not called an epidemic by laymen.

*Intercurrent* diseases, on the contrary, are such as appear separately during the reign and duration of a stationary disease, and spread more or less sweepingly over a portion of the country. They exhibit not only a form different from the stationary disease but also affect another organ, and present either a mixture between organ disease and blood disease, or, as it happens more frequently, are merely blood diseases. As forms thereof, dysentery, rheumatism, inflammation of the submaxillary and sublingual glands, parotitis, angina, scarlatina, measles, variola and its modifications, febris intermittens, whooping-cough, and cholera have been observed thus far.

To whom, my esteemed colleagues, would it not occur here, that the intercurrent diseases, for the most part, belong among those, the originating cause of which has been searched for most recently in the formation of endophytes and the fermentation and sanguineous decomposition thereupon depending.

The intercurrent diseases do not spread so far as the stationary. Indeed, they may confine themselves to a single locality, or attack single localities in one and the same district, and may leave untouched such places even as are situated between them, or may appear *per saltum* now in one place, now in another very remote from the former, and ultimately only in the one situated in the nearest neighborhood to the first. The intercurrent disease may combine with the stationary, though this is the case very rarely.

This difference between intercurrent and stationary epidemic processes is very important. In its non-observation the reason may, probably, be found, why the idea of the administration of epidemic remedies, already mentioned by Hahnemann and his followers, has never found a really earnest application in practice. However, if the hypothesis of the twofold character of epidemic disease is well-grounded, which, from my previous experiences, I do not doubt in the least, then it is evident that there can be no talk of *one, single* epidemic remedy at any given time. The stationary disease-character requires, as a rule, a different remedy from the intercurrent processes. But, my esteemed colleagues, how did Rademacher, without knowing anything of Hahnemann, arrive at the idea of epidemico-stationary remedies?



Any physician of an extensive practice cannot have failed to observe that, at certain times patients affected with acute diseases always mention the same phenomena, and that in all cases of acute disease a certain conformity of the disease-expression manifests itself, which allows us to infer a definite starting-point of the disease, and thus, according to the symptoms, a definite essence of the pathological process. If, according to the subjective statements of the patient and the result of the objective examination, the starting-point of the disease is fixed, then there was nothing left to Rademacher but the question, What are the remedies which can act upon the diseased organs? He was enabled to find these remedies by the aid of his former clinical experience of an older date. Besides, Rademacher made use of his doctrine of the three universal affections, of the three kinds of blood-disease (*Natr. nitric, Ferrum, Cuprum*), which Grauvogl, as we shall presently see, has referred to a more rational basis. Moreover, by the assistance of a simultaneous and ingenious interpretation of the qualities of the stools and urinary secretions, Rademacher attained to the therapeutical results of the epidemic processes which, on calm re-examination, are very startling, and should induce us to study them more thoroughly.

In this way Rademacher gained the result that, at certain times disease-forms the most various are cured in a disproportionally short time by one and the same remedy, and without any crisis whatsoever. He has practically solved an old riddle (which always has been considered a scandal to medicine as well as a proof of the nonsense of the whole art), namely, that in the *Materia Medica* are almost all disease-forms; in pathology, on the other hand, a large number of drugs are spoken of with regard to a single disease-form. This riddle has been solved physiologically and in accordance with the laws of nature, only by Hahnemann and his *Materia Medica*, with its principal maxim, "*similia similibus*."

Whoever has tested without prejudice the doctrines of Hahnemann and Rademacher for years in a large practice, must arrive at the conviction that the power of incontrovertible facts lies in a sensible combination of both doctrines, an opinion against which ignorance only can assume a hostile attitude. As long as I applied only Rademacher's doctrines, the startling curative results always remained riddles to me. Only on subsequent examination of homœ-



opathy did I become convinced that the principle "similia similibus," or what is essentially the same thing, the local-specific action of drugs, furnishes the only correct solution of the facts gained by experience in both schools, as well as the key for the discovery of stationary remedies.

If we cannot deny to Rademacher and his disciples the merit of having directed attention to the more extensive use of epidemic remedies, the honor of having furnished, by the elaboration of a physiological *Materia Medica*, ways and means for the discovery of remedies, temporarily epidemic, nevertheless belongs to Hahnemann and his followers.

How extensive the sweep of the stationary disease-character is at times, of this Rademacher has not given us any more special data. According to my experiences, which run back as far as to the year 1853, the *constitutio stationaria* prevails at a certain time over a large extent of country. Meningitis cerebro-spinalis, which in 1865 appeared over all Europe, and so much alarmed the allopathic school, may serve as proof that the stationary disease-character is always a very extensive one.

In order to decide upon this question, it is necessary that many colleagues, residing at a great distance from each other, should undertake the necessary observations, and communicate with each other. I have at the time kept up a correspondence with several of my colleagues, Drs. Fischer, Sigrist, Bruckner, and Schädter, and arrived at the well-founded conviction, that the stationary disease-character is precisely the same not only on the Schwarzwald, but also in Switzerland and on the Westerwald. I hardly need point out to you, my esteemed colleagues, the importance of a vast extension of this stationary disease-character. Aided by co-operative labor, it would be an easy matter, by means of the telegraphic network, within a short time to communicate to each other the prevailing disease-process, as well as the curative remedy against it.

We have already seen how difficult it is to find the remedy, temporarily epidemic, by the means employed by Rademacher. However, we, as homœopaths, do not require Rademacher's gift of divination for this purpose. Owing to the support given us by homœopathy, it is not difficult any longer for the observing homœopath to find the right remedy.

As regards the remedies at our disposal, we must, above

all, adhere to our drug-provings and the law: "similia similibus." As a first task, remains the discovery of the epidemic collective picture. As in the proving of a remedy, the picture of its remedial action does not manifest itself in one single individual, who furnishes but a few characters and outlines of the entire picture; so in the same manner, the individual affected by the stationary disease-character cannot present the entire picture of the stationary disease-process. Only a larger number of persons, affected at the same time, can furnish us with the material for the epidemic collective picture. If this is given, and thus the pathological form of the disease-process, then the diagnosis of the remedy begins by the guiding hand of the principle: "similia similibus."

The utilization of the three fundamental characters of general tissue-and-blood qualities, as taught by Grauvogl, very much facilitates the discovery of the epidemic remedy. We soon become convinced, on studying the epidemic, that each stationary disease-character attacks certain individuals of a certain disease-character.

In one epidemic those persons are affected especially whose blood distinguishes itself by an over-amount of water, individuals of the so-called *hydrogenoid* constitution. With this constitution the remedies are given at the same time. The most prominent of them are: *Natr. nitric.*, *Natr. sulphur.*, *Calcareo*, *Magnes.*, *Iodium*, *Bromium*, *Chlorium*, *Natr. mur.*, *Arsenic*, and *animal food*.

On the other hand, if the stationary disease-character appears among individuals who possess an over-amount of *carbon* and *nitrogen*, we must turn to the remedies of the *carbo-nitrogenous* disease-character; hence to those drugs which expel carbon and nitrogen, excite the oxygen, or have a chemical affinity to it. Here belong, above all, *Ozone*, *Cuprum*, *Sulphur*, *Phosphorus*, *Mercur.*, *Argent.*, *Platin.*, *Camphora*, *Oleum terebinth.*, &c.

The third group of disease-characters which may present itself in the study of the stationary disease-constitutions, is the one we find in persons who show an increased capacity of oxidation of the organic constituents, persons of the so-called *oxygenoid* disease-constitution. Here belong especially the remedies from the *Carbon series*, and those substances which prevent or regulate the influence of the oxygen. Aside from *Iron*, and the principal remedy, *Kali hydroiodicum*, which, as is well known, very

readily absorbs ozone, *China* and *Chininum*, *Nitric Acid*, &c., must be mentioned.

The utilization of the doctrine of these three different bodily constitutions, as taught by Grauvogl, I can recommend to my colleagues in the warmest terms not only as a guide for the discovery of epidemic remedies, but also for the treatment of all chronic diseases.

Moreover, in an epidemiological practice, we must yet consider a third momentum: the *ozone*. No physician should be without an ozonometer, and no meteorological station should neglect ozonometric observations. Ozone, which, according to Meissner, has wrought a complete change in general chemistry, is of a physiological importance in the organic household equal to that in inorganic chemistry. It is self-evident that, in case of an over-amount of ozone, hence, in case of a negative-electric state of the atmosphere, principally the *oxygenoid* and *hydrogenoid* disease-constitutions are affected, while in case of a lack of ozone, the *carbo-nitrogenous* individuals are attacked.

Allow me to direct the attention of those of my colleagues who do not possess an ozonometer and air-electrometer, to a *cosmic* ozonometer. There are two kinds of rainy weather, one of which is connected with the presence of a large amount of ozone. After such a rain the tops of the mountains and forests never smoke. The practicing physician, who knows how to read nature, sees in this the indication for the *iron group*. If you observe rain with mist on the mountain-tops, it is a sure sign that not *iron* but *copper* and its *analogues* are indicated. The electricity of the fog, without exception, is *positive*-electric, while ozone is *negative*-electric.

In view of the above remarks we may enjoy the satisfaction of knowing that, in studying epidemiology, we are not engaged in astrology à la Virchow.

By applying the momenta thus far mentioned, it is possible to homoeopaths to find the epidemic remedy. I say *possible*, gentlemen, but not always very easy, and we can gain our aim easily and surely only by co-operative labor and mutual and frequent communication of the epidemiological outlines noted down by every single observer. My courage often threatened to fail me standing alone, as I did, in making these studies. But whoever has worked with the epidemic remedy only for a few months will never rest until he is again upon the track of the new remedy unknown to him.

My esteemed colleagues, if, after what I have said, you should wish me to speak further of the advantages which the epidemic remedies give us, I would briefly touch upon the following points:

1. Acute diseases are cured quickly, within a few days, and without any crisis whatsoever. Only he who has seen this frequently will comprehend why in the whole work of Rademacher the term *typhus* is not mentioned. At the time of a prevailing typhus-epidemic, so-called, those recently affected are cured within a few days by the influence of the epidemic remedy, since the disease does not progress to the group of nervous phenomena, to pathologico-anatomical products.

2. The epidemic remedy may be used as a prophylactic by the single individual as well as by a whole population; and here the application of the remedy in epizootics should not be forgotten. I cannot leave this point without directing the attention of my colleagues to an experience I made in May, 1853. The governmental veterinary surgeon of my district complained to me, at an official meeting, of the frequent and fatal paralysis of fillies. I recommended the remedy, epidemic then, *Cuprum* with *Chelidonium*, and after its application he did not lose a single



animal. This veterinary surgeon, educated to the idea of the specific remedy in the sense of the old school, was not a little surprised on no longer seeing any curative effect of this remedy at the time of another epidemic paralysis among young colts which made its appearance two years later.

3. The formation of pathological products, and thus many chronic diseases, are prevented.

4. By attentively operating with the epidemic remedy we are brought to a more thorough study of the physiological *materia medica*, and to a more precise grouping of our remedies according to their local-specific directions.

5. By the therapeutic utilization of the epidemic disease-character we would obtain in the future a therapeutic epidemiology which, in case of new epidemics, or a recurrence of the old, certainly shall be of greater significance to our descendants than the mere enumeration of pathologico-anatomical forms. . . .

### THE NATIONAL MEDICAL LIBRARY.

THE profession is doubtless aware that the Medical Department of the National Library is being enriched by the accumulation of American homœopathic publications, under the direction of the Surgeon-General.

At the last meeting of the American Institute of Homœopathy, held in Washington, Dr. A. R. Thomas called the attention of the members of the Institute to the fact that the Surgeon-General was desirous of procuring copies of all American homœopathic publications. At that time the Institute adopted the following preamble and resolution:

"Whereas, We learn with pleasure that the Surgeon-General of the United States is desirous of adding to the National Medical Library all American homœopathic publications; therefore

"Resolved, That the members of this Institute are ready to co-operate in the accomplishment of this object, and are willing to contribute books, pamphlets, &c., towards that end."

After the passage of the above by a unanimous vote, the whole matter was by a vote, likewise unanimous, referred to the General Secretary, "to be by him carried out in behalf of the Institute."

The General Secretary of the Institute asks the assistance of every member of the Institute and of every member of the profession in this matter. Below will be found a list of homœopathic journals and other serial publications wanted by the Surgeon-General to complete his files. Any one possessed of any of these, or even of parts of any of these, and willing to contribute (or to sell) them to the National Medical Library, is requested to communicate at once (stating price, if for sale) with the undersigned. Copies of other homœopathic publications (not serial) will likewise be received as contributions or purchased through the undersigned, if deemed suitable and accepted as such.

Address,

ROBERT J. MCCLATCHY,  
General Secretary,

918 North Tenth Street, Philadelphia.

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*List of American Homœopathic Medical Journals wanted to complete files in the Library of the Surgeon-General's Office.*

CANADIAN JOURNAL OF HOMŒOPATHY. Commenced in 1856. Want all or any part.



- CHICAGO HOMŒOPATH. By D. S. Smith, S. W. Graves, and R. Ludlam. Want Nos. 1, 2, 3, 4, vol. 1 (1854); Nos. 2, 3, 4, 5, 6, vol. 2; and all subsequent
- HOMŒOPATHIST. By J. M. Blaisdell, Vermont. Commenced about 1859. Want all or any part.
- MEDICAL INVESTIGATOR. By Halsey and King, Chicago. Commenced March, 1860. Want all or any part.
- MEDICAL INVESTIGATOR. Want vols. 1 and 2, 1863-5.
- NORTHWESTERN JOURNAL OF HOMŒOPATHIA. By G. E. Shipman, Chicago. Want all or any part.
- POPULAR HOMŒOPATHIC JOURNAL. By C. A. Jaeger, Elgin, Ill. Commenced about 1866. Want all or any part.
- L'HOMOION. By Dr. Taxil, New Orleans. Commenced May, 1860. Want all or any part.
- PRACTICIEN HOMŒOPATHIQUE. By L. Caboche, New Orleans. Commenced November, 1857. Want all or any part.
- HOMŒOPATHIST. By J. M. Buzzell and D. White, Springfield, Mass. Commenced 1859. Want all or any part.
- NEW ENGLAND MEDICAL GAZETTE. I. T. Talbot, Boston. Want vol. 1; Nos. 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, vol. 2; No. 11, vol. 3; Nos. 2, 4, vol. 6.
- QUARTERLY HOMŒOPATHIC JOURNAL. By J. Birnstill and J. A. Tarbell, Boston. Want all or any part.
- AMERICAN HOMŒOPATHIC OBSERVER. E. A. Lodge, Detroit, Mich. Want No. 1, vol. 1.
- MICHIGAN JOURNAL OF HOMŒOPATHY. Ellis and Thayer, Detroit. Want all or any part.
- FAMILY JOURNAL OF HOMŒOPATHY. By an Association of Physicians, St. Louis, Mo. Commenced January, 1854. Want all or any part.
- HOMŒOPATHIC MEDICAL NEWS LETTER. By J. Granger and others, St. Louis. Commenced September, 1851. Want all or any part.
- OCCIDENTAL. G. S. Walker and T. G. Comstock, St. Louis. Want all or any part.
- SOUTHWESTERN HOMŒOPATHIC JOURNAL AND REVIEW. By J. T. Temple, St. Louis. Commenced August, 1847. Want all or any part.
- WESTERN HOMŒOPATHIC OBSERVER. St. Louis. Want Nos. 1 and 2, vol. 3 (1866).
- HOMŒOPATHIC ADVOCATE AND GUIDE TO HEALTH. By Dr. White, Keene, N. H. Want all or any part.
- AMERICAN HOMŒOPATHIC REVIEW. New York. R. C. Perkins and H. M. Smith. Want Nos. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, vol. 1; vol. 2; No. 1, vol. 3; Nos. 1, 2, vol. 4; No. 2, vol. 5.
- AMERICAN JOURNAL OF HOMŒOPATHIA. By J. F. Gray and A. G. Hull, New York. Commenced February, 1835. Want all or any part.
- AMERICAN JOURNAL OF HOMŒOPATHY. By S. R. Kirby and R. A. Snow, New York. Want all or any part.
- HOMŒOPATH UND DIÄTETISCHE HAUSEFREUND. By D. Lewis, Buffalo, N. Y. Commenced July, 1852. Want all or any part.
- HOMŒOPATH. By C. Blumenthal, New York. Commenced July 1, 1858. Want all or any part.
- HOMŒOPATHIC EXAMINER. By A. G. Hull, New York. Want vols. 1 and 2.
- HOMŒOPATHIC PIONEER. By H. H. Cator and L. M. Tracy, Syracuse, N. Y. Commenced July, 1845. Want all or any part.
- HOMŒOPATHIST. By D. Lewis, Buffalo. Commenced about 1859. Want all or any part.
- NORTH AMERICAN JOURNAL OF HOMŒOPATHY. By F. W. Hunt and others, New York. Want No. 3, vol. 18.

- UNITED STATES JOURNAL OF HOMŒOPATHY. C. T. Hurlburt (publisher), New York. Want all or any part.
- CINCINNATI JOURNAL OF HOMŒOPATHY. By B. Ehrman, A. Miller, and G. W. Bigler. Commenced March, 1851. Want all or any part.
- OHIO MEDICAL AND SURGICAL REPORTER. By T. P. Wilson, Cleveland. Want Nos. 1, 2, 3, 4, 6, vol. 1 (1867).
- QUARTERLY HOMŒOPATHIC MAGAZINE. By J. H. Pulte and others, Cleveland. A continuation of "American Magazine of Hom. and Hydr." Want title-page and index of vol. 1.
- AMERICAN JOURNAL OF HOMŒOPATHY. By an Association of Physicians, Philadelphia. Want Nos. 2, 3, 5, 6, vol. 1 (1838), and all subsequent.
- CARLISLE JOURNAL OF HOMŒOPATHY. By J. K. Smith, Carlisle, Pa. Commenced October, 1851. Want all or any part.
- HOMŒOPATHIC NEWS. By C. Hering and Ad. Lippe, Philadelphia. Want all or any part.
- HOMŒOPATHIC EXPOSITOR. Milwaukie, Wis. Commenced July, 1866. Want all or any part.
- MADISON HOMŒOPATHIST. By Drs. Bowen and Giles. Commenced January, 1854. Want all or any part.
- AMERICAN INSTITUTE OF HOMŒOPATHY, TRANSACTIONS. Want 1846, 1847, 1848, 1849, 1850, 1851, 1853, 1856, 1857, 1859, 1861, 1862, 1863, 1864, 1865, 1866, 1868, 1869, 1870.
- WESTERN INSTITUTE OF HOMŒOPATHY, TRANSACTIONS. Want all except 1867, 1868.
- HOMŒOPATHIC MEDICAL ASSOCIATION OF ILLINOIS, TRANSACTIONS. Want all except 1857 and 1862.
- HOMŒOPATHIC MEDICAL ASSOCIATION OF IOWA. Want all except 1862.
- MICHIGAN HOMŒOPATHIC INSTITUTE. Want all except 1860 and 1865.
- HOMŒOPATHIC MEDICAL SOCIETY OF STATE OF NEW YORK. Want all prior to 1855; also 1856 to 1862 inclusive; and 1871.
- HOMŒOPATHIC MEDICAL SOCIETY OF OHIO. Want all except 1869, 1870.

## AMERICAN INSTITUTE OF HOMŒOPATHY.

### CIRCULAR FROM THE BUREAU OF CLINICAL MEDICINE.

At the last meeting of the American Institute of Homœopathy a by-law was adopted requiring each Bureau to propose a subject for special investigation during the year and for discussion at the following annual meeting.

In accordance with this requirement, the Bureau of Clinical Medicine have selected Phthisis Pulmonalis.

In making this selection they were not unmindful of the reluctance which might be felt at undertaking the study of a disease which offers so little encouragement to clinical effort. Nevertheless, considering the importance phthisis holds as a leading disease in all bills of mortality, its widespread prevalence, and the great therapeutic difficulties it presents, it was thought best to make an attempt to gather, for once at least, from as many sources as possible, such facts as might assist in throwing light upon its causation, and an account of what is now being done by physicians of our school to prevent, arrest, or palliate its ravages.

It should be understood that in thus making choice of a single topic for special investigation and discussion it is not intended to relinquish the claim of the Institute upon its members for the usual contribution of papers upon any subject of interest or profit to the profession; and this

Bureau earnestly solicits the aid of every one in its efforts to present a valuable report.

Communications may be mailed to the Chairman of the Bureau, or, when more convenient, may be handed to any member thereof. They should be sent in as early in April as possible.

HENRY B. CLARKE, M.D., New Bedford, Mass.,  
Chairman of Bureau.

E. C. BECKWITH, M.D., Zanesville, Ohio.

W. H. HOLCOMBE, M.D., New Orleans, La.

HENRY D. PAINE, M.D., New York.

N. A. MOSMAN, M.D., Norwalk, Conn.

L. E. OBER, M.D., La Crosse, Wis.

R. F. BAKER, M.D., Davenport, Iowa.

J. C. BURGHER, M.D., Pittsburg, Pa.

GEORGE A. HALL, M.D., Riverside, Cook Co., Ill.

#### CIRCULAR FROM THE BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.

The Bureau is desirous of presenting at the forthcoming meeting of the Institute at Cleveland, a *complete* report of all the homœopathic institutions and journals in the United States. The Bureau therefore ask the special attention of those who have charge of the records, &c., of these institutions and journals, to their effort to secure a complete and accurate Register. They desire that each of these should report, 1. The exact name of the institution or journal reported. 2. Its officers or editors. 3. Its present condition as regards prosperity, number of members or subscribers, &c. 4. Any special action it may have taken in the interests of homœopathy during the past year. 5. A brief account of its work during the past year, including all statistical matter.

Address communications to

W. M. WILLIAMSON, M.D.,  
Chairman,  
29 North Eleventh Street, Philadelphia.

## PUBLICATIONS RECEIVED.

SMALL-POX: THE PREDISPOSING CONDITIONS AND THEIR PREVENTIVES; WITH A SCIENTIFIC EXPOSITION OF VACCINATION. By Dr. Carl Both. Second Edition. Boston: Alexander Moore. 1872. pp. 82.

This brochure is certainly interesting and in its way instructive. The author brings together numerous facts in an interesting way, and uses his materials skilfully in his attempt to prove the truth of what we are fully convinced is an error, in part at least, if not altogether. He gives the entire drift of his book in a few words, which we here transcribe:

"Let it be distinctly understood that what I intend to say is, that vaccination has not proved to be an absolutely reliable preventive against small-pox, and, therefore, that better means for protection are needed.

"That the *proper* use of salt is the scientific and most certain preventive of small-pox, both in theory and practice, that I have any knowledge of."

Thus it will be perceived he would substitute the "proper" use of salt for vaccination as a preventive against small-pox. If this plea were put forth on substantial ground, it would certainly be worthy of a greater share of attention and of investigation than it is likely to receive from the *facts* set forth by Dr. Both and the argument he adduces in favor of what is so evidently a preconceived opinion. The evidence in favor of the efficacy of vaccination is so great and varied as to be convincing to all except those who will not believe, or who believe something else too easily, as Dr. Both certainly does upon his own admission; for he states that what he refers to as facts "although not conclusive proofs, are, nevertheless, so for me."

While admitting the full right of our author to give to the world his opinions on any subject, and admiring the ingenuity of his present work, we nevertheless feel that any effort having a tendency to lessen the confidence of the profession or laity in the prophylactic efficacy of vaccination is mischievous.

The book is well worthy a careful perusal, is nicely printed and bound, and is on sale by the publisher, and by J. B. Lippincott & Co., Philadelphia.

**LEUCORRHOEA: ITS CONCOMITANT SYMPTOMS AND ITS HOMŒOPATHIC TREATMENT.** By A. M. Cushing, M.D. Lynn, Mass., 1872, pp. 70.

This little work is a compilation from various sources, by a careful and skilful practitioner, of the *indications* for the employment of the various medicines adapted to the treatment of leucorrhœa, together with the clinical experience of the author derived from sixteen years' practice. It is intended to save the busy practitioner many a weary hour of study, and no doubt will fulfil its object.

In the first part of the book the general and special indications are given for upwards of a hundred medicines, with a blank space after each to be filled up by those who use the book from time to time as experience teaches. The medicines are arranged alphabetically, and the most characteristic symptoms are italicized. The second part is an index or repertory of the first part.

We trust our old friend and classmate will meet a satisfactory recognition of his effort to provide something handy and useful for the profession. The book is published in the very best style.

**THE HOMŒOPATHIC PHYSICIAN'S VISITING LIST.** By Robert Faulkner, M.D. With a *Repertory* by W. James Blakely, M.D. Boericke & Tafel.

When this useful publication was put forth last year it met a ready sale and very general approval. There were many, however, who thought that a prescription record was needed to make the work complete. This has been supplied by the publishers in this year's issue; and now the medicines prescribed at each visit can be entered without too much crowd-



ing, a separate space having been provided for that purpose. Of the merits of the publication in other respects we have already written. For the homœopathic physician it is the best visiting list in the market.

On sale at all homœopathic pharmacies.

## EDITORIAL NOTES.

**THE DEATH OF DR. SAMUEL GREGG.** Those of our readers who attended the meeting of the American Institute in May last, doubtless remember with what enjoyment Dr. Gregg took part in the business and the pleasures of the session. They doubtless remember, also, with what respectful attention his words of wisdom were listened to as he, with firm and sonorous voice and in choice language, gave to his younger brethren the treasures of his long experience. Alas! death has stilled his voice, and his venerable form will never more add dignity to any earthly assemblage. He died October 28th, 1872, full of years. He has passed away from earth, but has left behind the record of a well-spent life and the example of a faithful, conscientious, and high-minded physician and friend. As he was a pioneer of homœopathy in New England, the profession of Massachusetts very properly united to do homage to the memory of their departed friend and associate by attending the funeral obsequies.

**HOMŒOPATHIC DISPENSARY OF SAN FRANCISCO.** This institution was established for the benefit of the sick poor of San Francisco, in 1869, and has been in a more or less flourishing condition since that time. From the Annual Report just received, we learn that it was established by a wealthy manufacturer of that city, who has borne all the expenses. This is an example to be emulated by other wealthy lay friends of homœopathy elsewhere. The total number of prescriptions issued since the commencement of the dispensary is 8527. The present medical and surgical staff are as follows: Drs. J. A. Albertson, J. N. Eckel, J. F. Geary, L. Royer, J. J. Cushing, and Dr. J. S. Beakley, Visiting and Attending Physician.

**HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.**—The Eighth Annual Session of this Society will be held in Harrisburg on Wednesday and Thursday, February 5th and 6th, 1873. The meeting will be called to order on the first day at 10 o'clock, when the President, Dr. B. W. James, will deliver the opening address. The Annual Address will be delivered on Wednesday night by Dr. Thomas Moore, of Germantown. We have reason to know that this will be a very able effort. It is earnestly desired that this meeting be largely attended, and that members of bureaus and others be prepared with reports and papers to be read and discussed. There is no reason why the State Society of Pennsylvania should not rank first among the homœopathic medical societies of the Union. Nothing is requisite to secure such a proud position as earnest and faithful work on the part of its members. The Secretaries of the Society are Dr. M. M. Walker, of Germantown, and Dr. P. Dudley, 684 North Twelfth Street, Philadelphia.

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. MCCLATCHEY, M.D., SECRETARY.

A REGULAR monthly meeting of the Society was held at the College Building, December 12th. In the absence of the President, Dr. H. N. Martin was called to the chair.

The minutes of the October and November meetings were read and approved.

Sarah T. Rogers, M.D., was proposed for membership by Dr. H. N. Martin. The application was referred to the Board of Censors.

DR. B. W. JAMES, Scribe, then made his usual monthly report, as follows :

## NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

**PECULIAR SENSATIONS OR SYMPTOMS.**—It is not always that odd symptoms are characteristic ones. Recently a case which was troubled with vomiting complained of a sensation in her head as if everything in the room was continually going up and down, and could only be relieved by getting in a recumbent position and shutting her eyes. The sensation as if everything in the room was running or whirling around, or the feeling to the patient as if he or she were swimming around, is a very common one; but the symptom of every object passing straight up and down before the patient I have never before met with. Nux vom. relieved the patient of the vomiting, and this sensation passed away in about twenty-four hours, the patient being kept in bed.

Another case had a dry hacking cough produced from taking cold. At every paroxysm of cough she felt a stinging and itching sensation at the centre of the chin. Phosphorus corresponded to the other symptoms, but this odd one was not taken into account in prescribing.

Another case had a sensation as though an object was fanning back and forth by the side of her ears continually, regardless of the position she was in. There was a long train of other symptoms in the case that called for Ars., in prescribing which this symptom was ignored.

The Scribe will be glad to have the members of the profession report any peculiar or novel symptoms they may meet with in practice.

**SMALL-POX.**—Philadelphia and some other cities that were visited last winter with the small-pox, this winter are free from it; while Boston, which had but little last year, seems to receive its affliction this winter. For the week ending November 30th, 1872, 53 deaths occurred from small-pox alone in a total mortality of 176, while in the week preceding there were 47 in a total mortality of 151 in the same city.

**CASSELL'S CLINICAL THERMOMETER.**—This little instrument consists of a glass tube about five inches in length, of good thick, clear glass, contracted at the lower end for about an inch to contain the mercury, and at this point the glass is thin in order to permit the changes of temperature to act quickly upon the mercury. On the outside of the glass is the scale running from 90° to 110° Fahr., while on the opposite side of the glass is

a white band extending its entire length, so that the mercury and needle in the capillary tube, as well as the divisions of the index on the outside of the glass, can be more easily observed. In using the instrument, first see that the little needle in the capillary tube is thrown down to the mercury. This can readily be done by holding the thermometer in the hand, and then with a few shakes or jars of the hand, while the mercury end is held downwards, will soon make the needle come in contact with the mercury. Then by holding the mercury end in the axilla, mouth, or other locality where the temperature is desired to be obtained, and holding the instrument there a little while, until the highest temperature of the locality is obtained, the thermometer is removed, and the little needle will be found with its lower end marking the highest degree of temperature obtained. This self-registering thermometer is not a new one, but the compact shape in which it is made up, so that it can be carried in a gutta-percha tube-case in the pocket, makes it a very convenient instrument for the practitioner.

**NEW PLAN OF EXTRACTING FOREIGN BODIES FROM THE EAR.**—Dr. Loewenberg, of Paris, describes a new plan for extracting solid bodies from the ear. A very small brush is made by rolling and fixing a narrow strip of old linen around a thin wooden handle (a match, for instance), and unravelling its free border to the length of quarter of an inch. The end of the so obtained fringe is dipped into a warm and very concentrated solution of glue, applied to the visible part of the foreign body—or rather the operator leans it against the body by letting it glide very softly, and without exercising any pressure over it. Previous to the application the patient seats himself comfortably in an arm-chair or on a sofa, and inclines his head toward the healthy ear. He remains in this posture for three-quarters of an hour to an hour after the introduction of the agglutinated brush. This time past, consolidation is generally accomplished, and the foreign body can be extracted by gentle pulling at the brush.—*Boston Journal of Chem.*, Dec., 1872.

**POISONOUS CONFECTIONERY.**—If a report just presented to the Newcastle (England) town-council had been available at the time Christiana Edmunds was on her trial, it might have been found useful in support of the theory of her lunacy. No one but a lunatic, it might have been urged, would take the trouble to poison confectionery, and thereby incur suspicion, when there are, ready made to hand and openly sold in shops, sweetmeats artistically coated with deadly poison. That such is the case in Newcastle-upon-Tyne is shown by a report of Mr. Pattinson, analytical chemist, upon which the local corporation have decided to take immediate action. Mr. Pattinson says he has examined various samples of sugar confectionery sold in Newcastle, and finds that nearly the whole of the articles colored yellow and orange are so colored by chromate of lead. Out of thirty-five different kinds of sweetmeats examined, obtained from twenty different dealers, twenty-eight were colored by this poison. Some of the articles contained upwards of a tenth of a grain of metallic lead, the engaging substance being supplied to manufacturers under the names



of "lemon chrome" and "orange chrome." Mr. Pattinson adds, that "some of the confectionery contained plaster of Paris to the extent of  $1\frac{1}{2}$  per cent., besides a good deal of wheaten flour." If parents were allowed their choice, they would doubtless prefer this last-named adulteration to the lead salt mentioned above.—*Boston Journal of Chem.*, Dec., 1872.

**THE BRAIN DURING SLEEP.**—Claude Bernard has recently contributed to the *Revue des Deux Mondes* a valuable paper "On the Functions of the Brain," which has been translated for the November number of the *Popular Science Monthly*. Sleep, as he remarks, "is rightly considered the state of rest of the cerebral organ;" and he proceeds to give the following interesting account of the experiments by which it has been proved that sleep is not the result of compression produced by the accumulation of blood in the brain, as was commonly believed until within a few years:

"It has been shown by direct experiment that, during sleep, the brain, instead of being congested, is on the contrary pale and bloodless; while in a state of wakefulness the circulation, becoming more active, provokes a flow of blood proportioned to the intensity of the cerebral activity. In this respect natural sleep and the anæsthetic sleep of chloroform are alike; in both cases the brain, sunk into rest or inactivity, presents the same paleness and relative bloodlessness.

"The experiment is made in this manner: A part of the bony covering of an animal's skull is carefully removed, and the brain laid bare, so as to study the circulation at the surface of this organ. Then chloroform is administered to produce insensibility. In the first exciting stage of the action of the chloroform the brain is observed to grow congested, and to lap over at the edges; but as soon as the stage of anæsthetic sleep is reached, the substance of the brain sinks in and grows paler, presenting a languid movement of capillary circulation, which lasts as long as the state of sleep or cerebral rest continues. For the study of the brain in natural sleep, a circular trepan is made on a dog's head, and the piece of bone removed from it is replaced by a watch-glass carefully adjusted to the exact opening, so as to prevent the irritating action of the air. The animals subjected to operation survive it, and observations on their brain through this sort of a window, while awake and when asleep, prove that when the dog is asleep the brain is always paler, and that a fresh afflux of blood is regularly noticed on his awaking, when the functions of the brain resume their activity. Facts analogous to those observed in animals have been studied directly in the human brain. Upon a person injured by a frightful railroad accident, the effect of a considerable loss of brain-substance was examined. The brain was visible over a surface of three by six inches. The patient suffered frequent and severe attacks of epilepsy and coma, during which the brain invariably expanded. Sleep succeeded these attacks, and the cerebral hernia subsided. When the patient awoke, the brain again projected and rose to the level of the surface of the external bony plate. In the case of another person, injured in consequence of a fracture of the skull, the cerebral circulation was studied during the



administration of anæsthetics. With the first inhalations the surface of the brain became branchy and filled with blood; the flow of blood and throbbing of the brain increased, and then, at the instant of sleep, its surface subsided by degrees below the opening, while at the same time growing relatively pale and bloodless.

"Briefly, then, the brain is governed by the common law that controls blood-circulation in all the organs. By virtue of this law, when the organs are at rest, and their action suspended, the circulation in them grows languid, and it increases, on the contrary, as soon as activity is resumed."—*Boston Journal of Chem.*

**A CONVENIENT SUBSTITUTE FOR GOOCH'S CANULA.**—*Harriet J. Sartain, M.D.*, who has a large experience with uterine growths, hands me this instrument which she hastily made from an old silver catheter, a shade fixture for tightening shade-cords, and a clock-cord such as is used in suspending the weights in long clocks. An ordinary long curved silver catheter was taken and the upper rounded tip cut off. The lower end was fastened by means of brass wire to the upper end of a shade-cord tightener and then soldered fast. A clock-cord was then doubled and passed up the catheter so that a loop could be made at the upper end. One end was fastened to the knob of the screw and the other left loose for application to the same knob when the instrument was in use after the growth had been grasped by the noose in the cord. The cord being tightened as much as possible was fastened, after which, by moving the button of the screw down, it was completely and thoroughly strangulated. One of the principal features of the instrument is the good curve which exists at the upper end of the catheter, making it a much more manageable instrument than the Gooch canula, which is apt to work unhandily, owing to its shape and mode of use. She has removed a number of uterine vaginal growths with this simple contrivance, and with this very cord and instrument you here see she recently removed a fibroid growth, nearly three inches in diameter, attached to the left side anterior and posterior aspect of the os uteri. After the removal of the growth, vessels about the size of a small quill could be seen running through the tissue, and yet no hemorrhage resulted from the operation itself. After strangulating the growth at its pedicle at first, she tightened it upon two occasions subsequently, a day or two apart, until about the fourth day, when she cut away the mass below, strangulated. The case did well and recovered, and the violent hemorrhages that the patient had been subject to before were entirely relieved after the operation.

*DR. KORNDORFER* said that in regard to peculiar symptoms, called for by the Scribe, he would mention a case of typhoid fever in which the patient, feeling himself to be just as he was, yet recognized a second-self, as it were, outside of him or surrounding him. He gave three doses of *Baptisia*, 5c, and this symptom disappeared as the fever abated.

*DR. H. N. MARTIN* said he had a patient, an old man, who continually cried, "Oh these walls of brass!" He imagined himself to be surrounded with walls of brass. *Moschus* removed the symptom.

The Fee-Bill, the consideration of which was postponed at the last meeting, was called up and laid on the table.

DR. P. DUDLEY then read a carefully prepared and interesting paper entitled "Homœopathy Misapplied and Molecular Motion." (See page 249.)

DR. B. W. JAMES remarked that the illustration offered by Dr. Dudley was another phase of the series of incurable symptoms in which he was a firm believer. That is, the symptoms produced by the pressure of a tumor upon the sciatic nerve would likely be quite numerous, and the other symptoms (if any were present at all connected with the growth directly, except that the tumor itself was an abnormal condition) would be very few. Now in prescribing a homœopathic remedy we must take the totality of the symptoms to guide us, and hence, in this case, we would be prescribing for a set of symptoms which are incurable until that morbid growth is taken away, or at least until the pressure is removed from the affected sciatic nerve. You are all familiar, no doubt, with my views upon incurable symptoms in fatal cases or in such cases as ossification of the valves of the heart, symptoms which cannot be permanently removed by a homœopathic remedy. Hence the action of remedies upon such symptoms are simply palliative and not directly homœopathic at all, such as would soothe the pain or distress temporarily but which do not act curatively.

In regard to the point of molecular action and the action of drugs raised by Dr. Dudley in his paper, Dr. James thought the theoretical explanation probably about as good as any other, for when we are at the bedside practically dealing with disease and see the action of remedies in removing the symptoms and diseased conditions before our observation we feel we are on firm land, but when we get into speculation as to how such curative results are brought about we find ourselves soon sailing far out at sea upon theory. Still it is not amiss to seek some explanation of the action of remedies.

One of the principal discoveries of Faraday was that every solid body, liquid or aeriform material, is either magnetic or diamagnetic; that is, they are either like iron *attracted* by the poles of the electric battery or like bismuth which is *repelled* by the electric poles, the iron assuming a horizontal position while the repelled substance assumes the perpendicular. There is in the human body a current which is called animal magnetism, such at least is the general belief, although we seem to know but little about it after all the investigations that have been made on the subject. Then we have the nervous fluid, about which much has been written, and likewise a vital force, concerning the properties and action of which we are still farther in the dark. If then we have a bar of iron acted upon by attraction we certainly must have each of its particles or atoms acted upon in the same way; so likewise with substances that are repelled, if the whole mass is made to assume a certain direction in the electric current, we would reasonably suppose that each of its ultimate particles, or atoms that compose it, would necessarily do the same thing. Now let

us take the animal magnetism, or other fluid of the body analogous to the electric current, which pervades the structures and tissues of the body, and their molecules, and let us see what we would reasonably expect here to occur when a remedy, whose particles are in a state of very fine division, is thrown into the system. Some of the tissues naturally would repel it entirely, while to another it would be attracted, or to go still further, the molecules of one tissue, or series of structure, would not allow the medicinal particles to enter, while the molecules of another tissue would draw these atoms in, and upon these molecules the atoms of the remedy would act. Hence he claimed it appeared to him that the specific action of an agent upon a special part or tissue of the body was the proper mode of acting of each remedy, and in accordance with this action it passes by certain structures and organs and will not act upon them; hence we should know to which structures the different remedies have their attraction, for a number of remedies may be attracted or act upon a certain tissue while other remedies cannot be made to act upon that tissue at all, either in large or minute doses. You see this every day in practice; one remedy, for instance, will act upon the brain specifically and will not act upon the heart, while another will act upon the heart, and will not have the faintest action upon the brain, no matter how much of it you administer. Therefore we cannot but think that there is a special determinate action of certain atoms or particles of matter in the materials which we classify under the term remedies, upon certain molecules or groups, or masses of molecules, which combine to form the tissues of the human organism. The different form of crystallization or arrangement of the atoms of a remedy may make some difference in their different attractions or specific actions of such agents.

The Society then adjourned.

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#### THE HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES.

REPORTED BY TRIMBLE PRATT, M.D., SECRETARY.

The Society convened at the office of Dr. M. Preston, in Norristown, July 2d, 1872, President M. Preston in the chair. Present: Drs. M. Preston, J. B. Wood, R. C. Smedley, C. W. Perkins, J. W. Thatcher, S. Hoopes, C. Preston, A. Williams, J. L. Scott, and T. Pratt; by invitation, J. G. Houard of Philadelphia, and Mr. Ball of Quakertown.

The minutes of the previous meeting were read and approved.

Under "new business" the subject of cholera was discussed, being opened by Dr. J. G. Houard, he pointing out the difference between this and cholera morbus, giving the following as the most common symptoms characterizing the former: cold breath, blue skin, suppression of urine, and diarrhœa a few days previous.

Dr. C. Preston spoke of having treated a case of cholera (in which there was collapse), for which he gave *Carbo v.*<sup>18</sup>, producing a very satisfactory result.

Dr. J. G. Houard read an article (translated by himself for Dr. Her-  
ing), from a previously published journal of medicine (the original hav-  
ing been published by a layman), upon the subject of cholera, and advo-  
cating the use of *Guaco*, therein stating that the indications calling for  
this drug were similar to those for *Ars.* and *Verat.*

Dr. C. Preston thinks, as a diet in summer complaints (in our cities  
especially), fruit and vegetables preferable to meat, owing to the fact of  
the latter being carried or driven long distances before reaching the  
market; he would attribute a great per cent. of the mortality to the use  
of such meat; thinks, as a general rule, a fruit season is freer from bowel  
affections than one in which fruit is scarce and imperfect in quality.

Dr. Smedley concurred with Dr. Preston in this statement, as in his  
opinion the greater part of the meat marketed in summer is not pure.

Dr. J. L. Scott concurred with the former gentleman in regard to meat  
that has been improperly treated, but thinks meat good rather than hurt-  
ful if it is in a proper state.

Dr. J. B. Wood stated that although it has been said that scraped meat  
was good in cholera infantum he does not think it will hold good as a  
general rule.

Dr. M. Preston thought that disease could as well be propagated from  
vegetables as from meat, being equally liable to decomposition.

Dr. C. Preston, speaking of food for animals, concludes that no matter  
how poisonous this may be, it produces no effect deleterious to man after  
its assimilation by the animal body, citing, for example, the food of the  
goat, whose milk is harmless in many cases where that of cows is inju-  
rious.

Dr. Houard thinks that dietetics is one of the most difficult of studies,  
and one that should receive more attention than is at present given it;  
thinks there must be a predisposition in the system to promote a disease  
by infection, and this may arise from an imperfect knowledge in the  
selection of food the most applicable for the preservation of health.

Dr. C. Preston spoke of intermittent fever, stating that he had cured  
a number of cases with *Apis*, the principal symptom characterizing the  
remedy being, the patient sleeping during the fever.

Dr. M. Preston had a similar case under treatment.

Dr. C. Preston spoke of rheumatism, he having had good success with  
*Bryonia* where the pain was attended with numbness, and was made  
better by lying on the affected part.

After selecting as the subject for discussion at the next meeting, "In-  
flammatory Rheumatism," the Society adjourned to meet next at the  
office of Dr. R. C. Smedley, in West Chester, on the first Tuesday in  
October, 1872.



THE  
HAHNEMANNIAN MONTHLY.

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THE EPIZOÖTIC.

BY T. DWIGHT STOW, M.D.

(Read before the Central N. Y. Hom. Med. Society, Dec. 19th, 1872.)

THE word epizootic, which is derived from the Greek *ἐπί* and *ζωον* (upon the animals), indicates the disease which has been and is afflicting quadrupeds, but particularly the horse. Etymologically considered it may mean any acute or even chronic but widespread disease among the lower animals.

The present disease has assumed alarming proportions, and indeed, alarming features, for there are many features present in the majority of cases which lead to at least a doubtful prognosis. This malady presents symptoms common to nearly all cases, while there are some symptoms which are not so common, and hence in rationally treating these animals, we must be guided by careful individualization. It is both safe and reasonable to declare that there is no "panacea" for this disease. I have treated several horses in this vicinity and have found this remark in reference to the careful individualization of each case, as well as the exhibition of single remedies, to be *true*. We are now plainly taught our great dependence upon the horse and ox, and the great need of giving them kind and humane treatment. We have allowed the poor ser-

vants to be *grossly maltreated and exposed*. Let us learn to care for these noble animals God hath kindly given us.

*Pathology.*—This is an inflammatory disease which, so far as my knowledge extends, invades the Schneiderian or pituitary membrane of the nasal fossæ and its cavities, the mucous membrane of the larynx and trachea and of the bronchia. The number and intensity of the symptoms keep pace with the extension and progress of the lesion, and we find many degrees of the same malady, from a mild congestion of the membranes involved up to an active inflammation with solution of the continuity of the tissues. It is an acute equine coryza. Mismanagement and exposure frequently bring complications and extensions of the lesion, and we frequently find capillary bronchitis and pneumonia supervening. Instances are recorded of pulmonary or hepatic vomica, and of abscesses in the hoofs. Another occasional complication is paralysis of the locomotive organs, and rheumatism. The last two conditions are generally, so far as we can account for them, metastatic. The discharges vary from thin transparent mucus, in small quantities, to thick, white, yellow, greenish-yellow, reddish and bloody, with often broad, chunky, and irregular yellow or cheese-like masses. The quantity discharged is often enormous, completely plastering the manger and filling the nostrils. At times the odor is very offensive, though, I believe, rarely so. The sense of smell is in aggravated cases blunted and at times lost altogether. Cough is from the first a prominent symptom, and is in most cases the *first* symptom noticed; it is dry at first and gradually grows looser but more decided. The animals frequently shake their heads, lengthen the neck, back, or step up, seemingly to avoid pain before and during a fit of coughing. In light cases the animals eat and drink nearly as usual, but in aggravated ones they refuse food, are disinclined to move, look dejected, grow thin, are often cross; the tongue is hot, coated yellow or white, and is broad and flabby; the pulse varies

from 35 to 60 per minute, respiration hurried, particularly on even slight exertion. The animal perspires easily and coughs worse when working; the urine is scanty, frequently passed, and leaves a strong ammoniacal odor. When bronchitis or pneumonia follow or are complications, the horse frequently stands with his fore feet braced and widely separated; he shows tremor, seems anxious, gets thin, and has dyspnoea, with all the ordinary physical signs found in the human subject under similar circumstances.

*Prognosis.*—In the majority of cases the prognosis is very favorable. Pneumonic complications are very grave, though not necessarily fatal. The great apprehension is that a large number of cases will drop off within a year or less from tubercular or other abnormal deposit in the air-passages, or from chronic congestion of the bronchial mucous membrane. Ozæna and glanders already, and it is to be feared, will continue to exist, until the poor animals are worn out through it. Much of the future welfare of these extremely valuable animals will depend upon their exemption from work and exposure for weeks.

*Treatment.*—Mild cases need rest only, with a warm, light, and dry stable. The mangers should be thoroughly cleansed, as well as the stall and barn generally. The animal should be blanketed and kept warm. The feed should be wet, so that no dust or must can be inhaled. I think it a good plan to lead the animals out, but not off a walk, and when this is done the blankets may be removed. Aggravated cases need *careful* homœopathic treatment, *none* other. Undoubtedly the ordinary treatment of the poor horses has been not only unscientific but positively injurious. The animals have had powerful caustic and irritating injections into the nasal fossæ, have been rowelled, bled, blistered, been obliged to inhale the vapor of nitric acid, iodine, bromine, &c. Many poor animals have been exposed to storms, cold winds, to excessive labor, while suffering from the worst forms of the distemper.

It is highly probable that many horses will die within six months or a year from certain conditions of the respiratory organs, chiefly such as ozaena, glanders, and tracheo-bronchial phthisis. In many cases the animals are and will be unfit for service on account of rheumatic and semiparalytic diseases.

**THERAPEUTICS AND SEMEIOLOGY.**—As the horse or other animal affected cannot let us know by word how it feels, we have to depend upon the objective phenomena mainly; and here we need be in no haste, but study well.

*Aconite.*—The animal shivers, refuses water and food, has horripilation, short and hurried respiration, is uneasy, may have much thirst, pulse quick, not very large but frequent. He has blowing of the nostrils with discharge of thin transparent mucus. Short, dry, harsh cough.

*Bell.*—The animal lays back its ears, drops its head, looks languid, eyes dull; has a dry, short cough, made worse by pressure on the windpipe; the discharge thick, white, from the nose; worse from motion, and throwing down the head; tongue is white and hot, often rather dry.

*Bry.*—The animal has much thirst, dry mouth, and tongue; cough is worse in the open air and on exercise; eyes look large, with thick yellow mucus in the inner angles, albuginea congested; cough materially increased on going up hill; cough on drinking or eating, worse at night; the animal shrinks from coughing; in mares there is frequent spirting of urine with the sudden, dry, and harsh cough; expectoration is lumpy, and thick; yellow urine, hot and red, scanty; sweats easily; dry and rough tracheal râle.

*Ars.*—Thin, hot, profuse nasal discharge, with great weakness and restlessness; the animal sips water, and is irritable (also *Bry.*); likes plenty of blankets; *Ars.* to be consulted in unpromising pulmonary conditions, with tottering, depression and weakness.

*Allium cepa.*—A profuse, thin, rather excoriating discharge of tears from the eyes, with redness of the same,



constant winking, rubbing the eyes, dread of light, uneasiness; profuse discharge of thin and milky mucus from the nose; cough with blowing out of much nasal mucus; better in a well-ventilated room; thirst with mitigation of symptoms from drinking.

*Euphrasia*.—Profuse, smarting lachrymation and photophobia; frequently blows the nose; loose cough with white and thin expectoration; short breathing.

*Nux vom.*—Fluent coryza by day, dry at night; dry, rasping cough, headache, sneezing; indisposition to move; acts as if stiff; constipation; worse in the forenoon.

*Mercurius*.—Copious, thin, excoriating discharge; loose cough; nose bleeds; chilliness; worse at night.

*Pulsatilla*.—Copious, thick, yellow, and sometimes greenish, strong-smelling discharge from nostrils; loss of smell; no thirst; don't like the blankets; worse at night.

*Kali bich.*—Blows from the nostrils long strings of thick, white, or yellow mucus; coughs up the same; right nostril most affected; worse in the morning; suited to sorrel and white horses.

*Phosphorus* is a leading remedy, and after the prodromic symptoms is almost the *first* to be thought of: the nasal discharge is thick, greenish, heavy, copious, and at times very offensive; the cough is hoarse, dry, hollow, racking, and painful, though at times the animal shows no pain; pressure on the windpipe brings on cough, also dust, the odor from strong urine, cold air and exercise; the expectoration is tough, yellow, green, rusty, more abundant in the morning; the animal loses flesh fast, is naturally *lean*. Particularly useful when the lungs are involved.

Besides the above-mentioned remedies, there are many others to be selected, as Gels., Lycop., Stibium, Calc. carb., Samb., Sepia, Sulph., Stannum.

I have treated some six horses during the late epizootic, and have used chiefly Acon., Bell., Bry., Puls., Sepia, and Phos. The potencies used were chiefly the 6th, 30th.

and 200th; Phos., Puls. and Sepia never lower than the 30th. I have been acquainted with the homœopathic treatment of horses for a long time, and have treated horses, cattle, sheep, dogs and birds with excellent results, and am decided in the opinion that lower animals *can* and *should* be treated upon the same principles that we treat men, women, and children. I would suggest the collection of material in this direction, and the publication of matter relating thereto.

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The following letter from Dr. William E. Payne is appended to Professor Stow's article, as it treats of the same subject.

BATH, ME., Dec. 17th, 1872.

MY DEAR DOCTOR:

Your communication of the 20th ult. was accidentally covered up with other papers lying on my desk, and therefore fails of the early attention it would otherwise have received. I don't think I could afford any valuable aid in the treatment of the horse epidemic which has travelled so extensively over the United States; moreover the time has now passed when any practical suggestions would be of any use, unless a similar epidemic should appear, which is not probable, very soon at least.

In Maine, as elsewhere, the disease was widespread, and in some towns the percentage of mortality considerable.

Nearly all the cases that came under my observation were preceded by a great degree of languor, loss of appetite, indisposition to the usual exertion, followed by a hard, dry, and apparently painful cough—the animal when coughing bringing the head down to the floor, turning it usually to the left, and groaning as if in pain. At this stage there was usually fluent coryza, with more or less of sneezing, and accelerated respiration.

As the disease advanced the submaxillary glands became swollen, and the nasal discharge more abundant, thick, and yellow, appearing in most cases, as it came from the nostrils in mass, like pure pus.

But there were two conditions by which the cough was excited or aggravated, that led me to the choice of the remedies which proved most efficient in my hands. In some cases a *paroxysm* of coughing was always brought on by *drinking*; and in others, though the cough was usually excited when beginning to move in the open air, it *invariably* came on when *descending*. In the case of my own horses (three in number), a paroxysm always came on when the animal began to descend a hill, and continued till the descent was passed.

In the former case *Amm. mur.*<sup>30</sup> acted with promptness and efficiency; and in the latter *Lycop.* of the same attenuation.

I would show further reasons for the use of the two remedies above named; but desiring to get this off in the next mail, I leave the subject here.

Fraternally yours,  
WM. E. PAYNE.

## DIFFERENTIAL DIAGNOSIS OF BRONCHITIS AND PNEUMONIA.

BY S. LILIENTHAL, M D.

(Read before the Central N. Y. Hom. Med. Society, Dec. 19th, 1872.)

H. V. MILLER, M.D., SYRACUSE, N. Y.

DEAR DOCTOR: The Central New York Homœopathic Medical Society have chosen, as a subject for discussion, "Bronchitis and Pneumonia." Supposing that your object is to elucidate a differential diagnosis of both diseases, I accept your friendly invitation, and herewith offer my mite toward the solution of the problem.

Webster defines bronchitis "an inflammation of any part of the bronchial membrane," and pneumonia "an inflammation of the lungs." Even these very commonplace definitions lead us to look as a starting-point for the anatomical seat of the disease. In bronchitis, even in capillary bronchitis, it is the mucous membrane which is reddened, tumefied, loosened, its epithelium murky and friable. This redness may be equally diffused or limited to certain points, or a dendritic redness may run from the larger bronchi down to the very smallest bronchioles. The tumefaction of the mucous membrane on the one side and the exudation on the other cause a stenosis of the bronchi, and consequently a narrowing of their calibre: with a copious discharge of this exudation the bronchi return to their normal state. The matter expectorated is at first a clear, tough secretion, with ciliated epithelium and molecular detritus, and finally thick, creamy, puriform.

Pneumonia, on the contrary, is an exudation in and around the alveoli of the lungs, filling them up gradually. These alveoli or pulmonary vesicles are the real secreting glandular elements of the lungs, and every bronchiole connects itself with a group of such vesicles, and is, as it were, its excretory duct. Every such infundibulum has

a pyriform shape, with its walls pushed out in many places, —air-cells. The alveoli are, therefore, after all only a continuation of bronchial tissue, but their epithelial cells are more flattened, and they consist only of a layer of fibres and epithelium. Examined by the microscope these elastic fibres form a network of rafters, on which the connective-tissue is extended and supported. Herrmann ("Physiology," 113) also considers the lungs, according to their structure and function, as acinous glands with *gaseous* secretion, whose excretory duct is the trachea. *Fluid* mucus is discharged by the numerous mucous glands from the nose to the finer bronchi. The pulmonary artery in its division corresponds with the bronchi, branching steadily off, but somewhat quicker than is the case with the bronchi, till we meet them at the alveoli, where they spread themselves around and between the elastic fibres, and as capillaries surround and even enter the walls of the air-cells.

Even to the very size of a millimetre the bronchioles have cartilaginous rings, and thus far we would call the inflammation bronchitis; or in other words, *pneumonia begins where bronchitis ends*; and bronchitis capillaris, also called pneumonia catarrhalis, shows by this very nomenclature to hold a sort of middle ground between both diseases. A bronchitis can take place without involving the pulmonary tissue; but in every pneumonia the finer branches of the bronchi will certainly show some coaffection, and even larger ones will become irritated, having to act as excretory ducts for the accumulated secretion.

Examination of the chest reveals a vast difference in the two diseases. In *bronchitis* we have no dulness on percussion, except temporarily in case of collapse of a part of a lung from obstruction of a bronchus, sonorous and sibilant rhonchi generally, though not always, on both sides of the chest, varying from time to time in seat, character and loudness, while the copious secretion of mucus, the loud bronchial râles may entirely oversound and finally suppress the hearing of any vesicular murmur.



Only in capillary bronchitis we hear extended, mucous, crepitant, and subcrepitant râles, closely resembling the fine crepitation of pneumonia. In *pneumonia* we find, on the contrary, even during the first stage, moderate dullness on percussion over the affected lobe or lobes of the lung, increasing to decided dullness in the second stage, and this dullness remains till resolution takes place. Inspection also shows that the affected lung or part of the lung fails to take part in the respiratory motion, and where both lungs become infiltrated, the patients breathe only by dilatation of the upper walls of the thorax, whereas the abdomen does not move, as the contraction of the diaphragm is impossible. During the first stage we hear the well-known fine crepitant râles, in consequence of the sticking together of the walls of the air-cells and their separation by inspiration; but as soon as a peripheric part of a lung becomes fully infiltrated, all vesicular breathing is stopped, and we hear in its place bronchial respiration and bronchophony, with increased vocal fremitus. Where resolution takes place, the bronchial respiration gives way to returning fine crepitus, and the dullness of resonance on percussion also gradually disappears.

In *bronchitis* of the larger bronchi we find a soreness and burning sensation in the upper and anterior part of the chest, with violent cough, but no dyspnoea as long as the disease does not reach down to the bronchioles, where even a small quantity of phlegm may prevent the necessary exchange of the gases; in *pneumonia*, on the contrary, only the affected part, wherever that may be, is painful, especially when the peripheric part of a lung is attacked (pleuro-pneumonia), and there are even cases, as in hypostatic pneumonia or in that of old people, where no pain whatever is complained of. The great characteristics of pneumonia are dyspnoea and oppression of the chest, and instead of sixteen to twenty inspirations to the minute, we find them increased to forty and fifty, short, superficial, labored. During a bronchitis we meet hardly

any dyspnœa, except in those severe cases where the accumulated mucus prevents the air from entering the smaller bronchial tubes (and many physicians would then diagnose it as pneumonia catarrhalis), and in such cases, from its extension, the dyspnœa may even reach a higher degree than is usually witnessed in pneumonia. In the former, bronchitis, the dyspnœa arises from the failure of oxygenation; in pneumonia the dyspnœa depends more on the severity and intensity of the fever (the people's nomenclature "lung fever" is therefore very appropriate), than on the extension of the local inflammation, and rises and falls with it.

The fever also differs. In bronchitis the fever never rises to such a height as in pneumonia. In the former we have chilliness alternating with burning heat, but in pneumonia we have a violent chill followed by dry fever heat, and a thermometrical stand of over 100°, yea 104°, the face red, the skin turgescient, in some cases even bathed in perspiration. Severe headache with delirium, with great malaise, are already present in the first few days of the disease, and all febrile symptoms frequently keep on till resolution sets in.

Cough is neither so frequent nor so continuous in pneumonia as in bronchitis. In the former patients try to suppress it on account of the pain, even distorting the face during the cough (an important symptom with children in distinguishing pneumonia from bronchitis; in the latter cough is one of the first symptoms observed and lasts during the whole disease; it is at first short, dry and tight, later deeper and looser with expectoration, at first mucous, in rare cases pseudo-membranous, in severe cases, and at a late stage, purulent, and many a time, especially in affections of the larger bronchi, the mucous râles may be heard without the aid of auscultation. The sputum of pneumonia is characteristic, composed of *mucus, lymph and blood mixed together* (in bronchitis we find only streaks of blood adhering to the

mucus), making the rusty, tough, gluey sputum of pneumonia, which adheres to the vessel even when inverted without flowing out. As soon as this sputum becomes more abundant, looser, and confluent, with decrease of the fever, we may consider the lung fever to retrograde. There are cases of pneumonia which run their whole course without any cough or expectoration (which never happens in bronchitis), and such cases are considered the more dangerous as the exudation, becoming absorbed, re-enters the circulation and produces adynamia with its train of ominous symptoms.

These diseases differ also in their termination, and during the third stage of pneumonia œdema pulmonum, abscesses in the lungs, tubercular infiltration, induration or gangrene may lead to fatal results: we see clearly, therefore, that bronchitis, in general, allows a far more favorable prognosis than pneumonia.

A dangerous bronchitis will always be that pathological state known as capillary, which is also called by many authors "*pneumonia catarrhalis*" (pneumonia for itself being understood to be a pneumonia crouposa); still Oppolzer in his Lectures (vol. i, p. 416) remarks, that only in consequence of a capillary bronchitis a pneumonia catarrhalis may arise; but such a one always remains lobular, *i. e.*, limited to circumscribed places, and we find in the affected lobule a bulging out focus filled by a round or dendritic purulent mass, filled with tissue-detritus, as in the inflammation of the smaller and smallest bronchioles; the inflammatory process extends by continuation into the alveoli, and the intra-alveolar connective tissue takes more or less part in the inflammation. Here, therefore, we find the very reverse of lobar pneumonia, where bronchial irritation is secondary to the lung fever, caused by the exertion of expectoration, whereas lobular catarrhal pneumonia is always an extension of capillary bronchitis.

The symptoms of bronchitis capillaris, with its lobular pneumonia, are also different from pneumonia crouposa,

and we witness this disease in its greatest severity in infants and senile persons. As soon as in such cases the bronchioles become overloaded with mucus, the gaseous interchange is greatly diminished, the blood cannot get rid of its carbon, and dyspnoea and suffocatory paroxysms follow; but the filling up of the bronchioles with mucus and detritus also produces a compression of the pulmonary capillaries, and thus a stagnation in the pulmonary arteries and a retardation in circulation, which shows itself by swelling of the jugular veins, by cyanosis of the cheeks and lips, and more or less by cerebral hyperæmia. As in laryngeal and tracheal croup we hear in infants and children that ominous whistling sound, so here, though not in one narrowed tube, but in many tubules; and Niemeyer beautifully explains the sinking in of the jugulum and epigastrium, and the drawing inward of the ribs by the atelectasis of the lungs. It is true that we also find cyanosis and dyspnoea, cerebral symptoms, &c., in true pneumonia; but by considering what we have already mentioned, the explanation of these symptoms differs in both cases, and whenever we are in doubt close examination of the chest will clear up the case. In capillary bronchitis the sound on percussion will be either tympanitic or dull, according as air enters the lungs or not, but the dull sound will be more circumscribed, and with this peculiarity, that when the patient strongly inspires, or when he empties the bronchioles of their mucus by forced coughing spells, the clear full sound returns where dulness was before. In pneumonia this never takes place so suddenly, and it requires a long time for an infiltrated lobe to return to its normal state.

All the remedies mentioned by Bönninghausen or Simons in their monographs on cough, may be indicated in bronchitis at one time or another. Pneumonia needs a smaller number, but they are all polychrests. We easily understand why Fleischmann considered Phosphorus the specific for pneumonia, as its action penetrates every tis-



sue of the lungs, bronchi included; and in broncho-pneumonia there is really no remedy more reliable than the Phosphorus. It has the fine bloody streaks as well as the rusty-colored, sticky sputa in the expectoration, the dry hard cough as well as the dyspnoea. But our ten minutes are up, and we must defer the therapeutic chapter for another time. With our best wishes for the welfare of your Society and its hard-working members, I remain,

Truly yours,

S. LILIENTHAL.

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## BRONCHITIS AND PNEUMONIA.

BY H. V. MILLER, M.D.

(Read before the Central N. Y. Hom. Med. Society, Dec. 19th, 1872.)

### I. DIFFERENTIAL DIAGNOSIS.

BRONCHITIS is a catarrhal inflammation of the mucous membrane of the bronchial tubes and their various subdivisions. When acute and extensive it is attended with repeated chills, followed by a sensation of burning heat. The latter symptom is merely subjective, since there is not, as in pneumonia, a corresponding increase of temperature.

#### 1. COMMON FORM.

The larger bronchia are most liable to invasion, presenting the milder form of this disease. A tickling, burning or sore feeling under the sternum is characteristic.

*Physical Signs.*—Percussion yields *normal sounds*. Auscultation gives at first *dry, hissing sounds*, occasioned by a narrowing of the air-passages from swelling of the mucous membrane, and later it reveals *large and small crepitation* and *various rattling and whistling sounds*.

*Causes, Complications, &c.*—Bronchitis may result from indigestion, the inhalation of impure air, and from exposure

to cold, damp weather, and to sudden changes in temperature. It may occur alone or as a complication in measles, scarlatina, whooping-cough, &c. Delicate and feeble persons, and especially children of leucophlegmatic constitution, are predisposed to catarrh of every variety. The duration of the disease depends upon the circumstances of the case.

*Expectoration.*—In chronic bronchitis there is little fever and profuse mucous expectoration. In the acute form there is at first more fever and slight acrid, serous, and perhaps frothy discharge. The cough is more spasmodic than in pneumonia. After the subsidence of the fever there is a copious, critical, mucous excretion. It becomes whitish, adhesive, *albuminous*, and sometimes *streaked with blood*. And finally it is thick, yellowish, or greenish.

## 2. INFLUENZAS.

When catarrhal fevers become epidemic, as from atmospheric influence, they are called influenzas. These affect the whole system, and especially the mucous membrane of the intestines. They are often attended with great prostration, and characterized by a decided nocturnal aggravation of symptoms. (NOTE.—Eupat. perf. is called for in influenza with great pain in back and limbs; lassitude; skin bathed in sweat; patient is pale and morbidly sensitive; excretion of a passive kind.)

## 3. CAPILLARY BRONCHITIS.

But capillary bronchitis is by far the most dangerous form of these catarrhal affections. This involves the smallest bronchial ramifications (capillaries), causing swelling of the mucous membrane, accumulation of mucus and obstruction of the tubes, thus seriously interfering with the proper aëration of the blood. It produces little or no pain, because these small ramifications are scantily supplied with sentient nerves, and hence the insidious character of the disease. It may become danger-

ous before one is aware that much is the matter. On account of the obstruction of these tubes and the consequent carbonization of the blood, there may be delirium, livid appearance of the skin, and difficult and superficial respiration. When the capillaries become closed to any extent by the swelling of the mucous membrane and the presence of large quantities of *fibrinous* mucus that cannot be expelled, *the lower ribs are drawn in during inhalation*, as in croup under similar circumstances. Capillary bronchitis sometimes attacks old people, when it is called *pneumonia notha*. But infants are most liable to be affected.

In PNEUMONIA is included not only bronchitis, but also an inflammation of the parenchyma of the lungs. It affects chiefly the *lower portion* of those organs, and commences with *a violent chill*—not repeated chills as in bronchitis—followed by *dry heat*—a higher temperature than in bronchitis—*dyspnœa*, delirium, *hot breath*, *darkly flushed face*, if one cheek only be flushed, it corresponds to the lobe affected, *red lips*, *hydroa on the lips*, redness of the tip of the tongue, and later a brief but profuse perspiration. The urine is at first scanty and turbid, and when treated with nitrate of silver it throws down a heavy precipitate. There are three forms of pneumonia: the serous, the croupous, and typhoid.

#### 1. SEROUS PNEUMONIA.

This form consists of an inflammation with serous exudation into the pulmonary vesicles and capillaries. The exudation is serous, perhaps, on account of the impoverished condition of the blood, which is deficient especially in fibrin. There are great dyspnœa and distress, spasmodic cough, and cyanotic symptoms analogous to those of capillary bronchitis.

#### 2. CROUPOUS PNEUMONIA.

In the croupous or ordinary form, there is an inflam

mation of the air-passages and pulmonary tissue, with exudation of coagulable or *fibrinous* lymph, by which the spongy texture of the lung becomes hepatized. Respiration is then more or less obstructed, and carbon accumulates in the blood-corpuscles. There is no pain unless the pleura or intercostal muscles become implicated, a complication that in severe cases is very liable to occur. Idiopathic pneumonia rarely occurs in infantile life, unless there be a hereditary tubercular predisposition. But it often exists as a complication in measles, whooping-cough, &c. The average natural duration of pneumonia is from fourteen to twenty-five days.

### 3. TYPHOID PNEUMONIA

is distinguished by its asthenic form of fever.

*Expectoration.*—In pneumonia, the cough is at first very slight and dry, but later the expectoration is tough, jelly-like, adhesive, and difficult to dislodge, because of its fibrinous character. Finally, it becomes characteristically rust-colored, whereas in bronchitis it is blood-streaked.

*Physical Signs.*—On examination by palpation in pneumonia, we observe *voal fremitus*. Inspection discovers *decreased mobility* of the thoracic parietes. Percussion gives a *dull sound*; and auscultation reveals *absence of the respiratory murmur*, and in its stead *bronchophony*, *pectoriloquy*, and in the first stage, also, during resolution, a *fine crepitation*, or crackling sound, occasioned during inspiration by the sudden separation of the walls of the small air-passages, rendered adherent by the presence of tough or fibrinous lymph. The same sound occurs in capillary bronchitis.

## II. INDICATIONS FOR REMEDIES.

### 1. Location and Direction of Thoracic Pains.

Stitches in the upper part of each lung, better when walking: *Elops*.

Small pains in upper half of right lung: *Calc. c.*

Stitches into front of right upper lung: *Ars.*, *Borac.*



Stitches or dull pains in middle third of right lung: *Sep.*

Stitches in lower right lung: *Kali c.*

Stitches in lower left lung: *Puls. Phos.* (relief in both remedies by lying on same side).

Stitches in upper left lung: *Sulph.* (constant cough, with aphonia).

Stitches in upper left lung, extending through to scapula: *Myrtus c.*

Pain, like cutting cramp, through left chest to scapula: *Nat. mur.*

Severe cutting pains in left mammary gland, extending through to left scapula: *Lilium tig.*

Drawing pain through left chest to scapula: *Rhus rad.*

Cough, with soreness in the upper portion of the left chest: *Apis mel.*

Cough, with stitches from sternum, darting through to between scapulæ: *Kali bich.*

Stitches in sternum and right side of chest through to back, when breathing: *Kali c.*

Stitches in middle of sternum, extending to back: *Kali hyd.*

Stitches from left scapula through to front of left lung: *Sulph.* (do. reverse).

Stitches from right scapula through to front of right lung: *Merc.* (*Bor.* reverse).

Stitches through to right scapula: *Bor.*

Stitches through to left scapula: *Sulph.*

Stitches in lower part of left scapula: *Kalmia.*

Pain below left scapula: *Chin., Chenop.*

Pain under short ribs, in back, left side, posterior aspect of the spleen, extending outwards nearly to left side: *Lobelia.*

Pain below right scapula: *Ruta, Bry.*

Pain under right scapula, hindering the motion of the arm: *Chelid.* (see *Senega*).

Pain running from ensiform cartilage, from second rib on right side, diagonally through chest: *Cinnab.*

Stitches in chest relieved by lying on painful side: *Bry.*

Stitches in chest aggravated by the least motion, and from breathing: *Spig.*

2. *Time of Aggravation of Cough.*

Cough worse from 3 to 4 A.M.: *Kali c.*, *Ammon. c.*

“ “ “ 10 to 12 M.: *Nat. mur.*

“ “ “ 1 to 2 P.M.: *Ars.*

“ “ “ 3 to 4 P.M.: *Lycop.*

*Nux v.*: Cough worse in the evening, or towards morning.

*Hep.*, *Rhus*: Cough worse in the evening, and before midnight.

*Cepa*, *Calc. c.*, *Caps.*: Cough worse towards evening, and during the night.

*Euphras.*: Cough worse during the day, and especially in the morning.

*Cham.*, *Lach.*: Cough worse at night, and during sleep.

*Apis*: Cough worse before midnight, after lying down, and after sleeping.

*Ars.*, *Hyos.*, *Merc. s.*, &c.: Cough worse during the night.

3. *Some Notable Cough Characteristics.*

When coughing, the head trembles with an inward trembling: *Tart. emet.*

When coughing, the head and chest tremble: *Rhus tox.*

When coughing, the whole body trembles: *Bell.*, *Phos.*

When coughing, presses hand on sternum: *Bry.*

When coughing, thoracic and hypochondriac pains are mitigated by manual pressure: *Dros.*

When coughing at night, has to sit up and hold chest with both hands: *Natr. sulph.*

When coughing, occipital pain: *Ferr.*

When coughing or sneezing, luminous appearances before the eyes: *Kali chlor.*

When coughing, stitches in hæmorrhoidal tumors: *Ignat.*, *Lach.*

When coughing, sensation of frontal constriction: *Iris.*

After every cough, vomiting of ingesta: *Ferr.*

After coughing, gaping: *Opium*. Coughing and gaping constantly: *Ant. tart.*

Cough with lachrymation: *Eupat. perf.*

Cough, with taste of blood in the mouth: *Bell.* Do. before cough: *Elaps.*

Cough dry and hard, coming in single coughs: *Lilium tig.*

Cough, dry, hard, with great soreness in abdomen:

*Nux. v.*

Cough, with pain in larynx and sternum: *China.*

Cough, with stitches in larynx: *Bufo.*

Cough, provoked by cold drinks and relieved by warm drinks: *Rhus tox., Sil.*

Cough, relieved by a swallow of cold water: *Causticum.*

Cough, relieved by warm drinks: *Alumina.*

Cough, after eating or drinking: *Bry., Hyos.*

Cough, from strong odors: *Phos.*

Cough, from a change of weather: *Phos.*

Cough, on going into cold air: *Phos.*

Cough, on coming into a warm place: *Brom., Bry., Nat.*

Cough, in a warm room, better in a cold room: *Coccos.*  
*ect.*

Cough, on changing rooms: *Rumex.*

Cough, when becoming warm in bed: *Nux mosch.*

The irritation to cough is felt in the abdomen: *Ant.*  
*erud.*

Sensation of a lump in suprasternal fossa: *Lobelia.*

Dry cough, with shortness of breath: *Psorin.*

Dry cough, day and night, in weak and emaciated boys:

*Lyc.*

The loose A.M. cough is more fatiguing than the dry evening cough: *Squilla.*

Dry cough, day and night, expectoration copious only in the morning: *Euphorb.*

Dry, hacking cough, worse when lying down at night, after talking and singing; generally uvula elongated: *Hyos.*

Dry cough, with burning from larynx to scrobiculus: *Mag. sulph.*

Dry cough, from irritation and tickling in the lower part of the larynx: *Cimicif.*

Short, dry cough, from tickling in upper part of trachea, aggravated by coughing: *Teucr. m. v.*

Short, dry, hacking cough, from an itching sensation in upper part of trachea: *Nux v.*

Tickling in the throat-pit causes a dry, scraping cough, worse at night even in sleep, especially with children taking cold in winter: *Cham.*

Cough, from full inspiration (*Verbascum* lessened by do.); from talking and pressure upon throat-pit; cold air

produces a distressing tickling in throat-pit and behind sternum more towards the left: *Rumex*.

Dry, hollow cough, from tickling in chest or throat: *Euphorb*.

Cough, from insupportable tickling in larynx or from tickling at the bifurcation of the trachea, by oppression at the epigastrium, or by accumulation of mucus in the larynx: burning pain in trachea or bronchia. Cough from the least morsel of food or drink. Expectoration ropy: *Kali bich*.

Cough, at first dry and hacking from tickling in larynx, but finally extending to the lungs: *Sticta*.

Moist cough, from sensation of crawling behind sternum: *Kreas*.

Hysterical cough, from stifling behind upper fourth of sternum: *Plat*.

Expectoration difficult; has to hawk, hem, cough, and spit a good while before he succeeds in getting a little tough phlegm away: *Lach*. (Compare Alumina and Arum tri.)

Cough, with partial paralysis of pneumogastric nerve; short, hoarse, weak, nearly suffocating breathing, with whistling noise, thorax expands with great difficulty, head thrown backwards with great anxiety and prostration; face livid and cold; forehead and sometimes whole body covered with cold sweat; pulse feeble and accelerated: *Ant. tart*. NOTE.—A fatal case, that of Mr. A. P., Dr. Hoyt's patient, was probably an illustration of this remedy. (Compare Dulc., Ipec., &c.)

### III. CASES OF BRONCHITIS.

1. *Carbo veg.* 2<sup>e</sup>: A lady had a dry cough, with hoarseness worse towards evening (*Kali bich*.), and got *Carbo veg* 2<sup>e</sup>. Afterwards she said she never before got cured so quickly of a cough.

2. *Lachesis* 2<sup>e</sup>: A child had bronchial cough, the paroxysms occurring invariably after sleeping a while. *Lach*. made a good cure.

3. *Rumex* 2<sup>e</sup>: A lady had an irritative, hacking cough: cough provoked by pressure upon the throat-pit; sensation of irritation in trachea and behind upper third of sternum; hoarseness at evening, and a weak feeling in the lower chest. *Rumex* cured.



## IV. CASES OF PNEUMONIA.

1. *Pleuro-pneumonia—Bry., Acon., Sulph.*

June 10, 1872. Case of pleuro-pneumonia, left side. At first a hard chill, then great febrile heat, full, frequent pulse, about 100; thirst, anxiety, great dyspnoea; stitches in side so severe he can hardly breathe; dulness on percussion; absence of respiratory murmur; immobility of thoracic parietes of left side; was in doubt whether Acon. or Bry. had the precedence, but gave Bry. 3d. This soon but gradually relieved the pleuritic pains and dyspnoea. Continued the remedy several hours. Then upon an exacerbation of fever, Acon.<sup>30</sup> was substituted, soon relieving the febrile symptoms, and producing profuse perspiration. The latter, instead of being brief, continued several days. Cough easier. Continued Acon. about twenty-four hours, until the patient complained of sharp pains in left hypochondria, during the least movement; yellow-coated tongue; bloody or rust-colored sputa. Bry. removed these pains. Third day. Auscultation reveals fine crepitation; pulse 84, medium fulness: Sulph. 2<sup>n</sup>, one dose. Fourth day. Pulse reduced to 68; rested well the previous night; fine crepitation continues; sputa of sanguineous mucus. After this, until the eleventh day, he got an occasional dose of Sulphur of various potencies, and improved steadily and rapidly during resolution. After the third day he was able to be on his feet every day, and after the eleventh day he required no further medication, except that some time after, for an attack of pleurodynia, he received Arnica.

2. *Double Pleuro-Pneumonia complicated with Icterus—Acon., Bry., Sulph.*

Aug. 29, 1870. A. S., a youth, had double pleuro-pneumonia. Severe chill, attended with cyanotic symptoms, blue nails, and general blueness of the skin; thirst, restlessness, fear of death, respiration painful and labored; dulness on percussion of entire right lobe and lower half of left (probably a case of serous pneumonia).

First day. Acon.<sup>30</sup>: under its action the cyanotic symptoms were gradually removed and febrile reaction succeeded. Afterwards Bry.<sup>30</sup> was substituted, for the severe stitches in the pleura.

Second day. Sulph. 2<sup>n</sup>: hot flushes; hot vertex; pulse 124.

Third day. Merc.: hepatic complication; thick, whitish

coating on the tongue; fetid breath; tenderness of bowels and liver; yellow complexion and sclerotica.

After Merc., Sulph. was resumed.

Fifth day. Canker at the tip of tongue. Lach.

Tenth day. Previously, for several days, Bry. and various other remedies were administered without effect for a severe and obstinate cough. Symptoms: severe paroxysms of cough day and night, but worse at night, banishing rest; face turns dark-red during each paroxysm; great soreness and stitching pains in right hypochondrium; ultimately the patient partially raises the expectoration, but he is obliged to swallow it (Arn., *Gaust.*, Dros., Kali, Lach., Muriatic ac., Sep., and Spong.). *Gaust.* 2<sup>c</sup> acted like a charm, and completed the cure of cough and pneumonia. Patient discharged on the twelfth day. Afterwards he had a few prescriptions occasionally for hepatic derangement.

## THE PHYSIOLOGICAL INTERPRETATION OF SYMPTOMS.

BY T. C. DUNCAN, M.D.

(A Letter to the Secretary, read before the Central N. Y. Hom. Med. Soc., Dec. 19th, 1872.)

CHICAGO, November 6, 1872.

DEAR DOCTOR: It would give me the greatest pleasure to meet with our Central friends, and discuss medicine and homœopathic therapeutics. I do not know that I can add to your *wealth* of therapeutic indications; but this I do say, I do not think that either of these diseases (bronchitis and pneumonia) produces consumption, unless the lymphatic glands (bronchial, mediastinal, and thoracic) are diseased, either by atrophy (calcareous), or hypertrophy and softening. Bronchitis indicates something wrong in the absorbents.

### *Irritation of Pons Varolii occasions Cough, &c.*

In the treatment of coughs it is well to bear in mind Brown-Séquard's recent experiment, showing that irritation of the pons will produce cough, hemorrhage, emphy-

sema, or collapse (paralysis). At the Foundling's Home to-day I observed a case corroborative of Séquard's observation. The child had entero-colitis, with *dry* cough, much rolling of the head, &c. Having little vitality, it did not long survive. Post mortem revealed slight colitis, *emphysema*, and basilar congestion, *i. e.*, about the *pons* and base of the brain at quadrigeminal bodies, and also involving the cerebellum.

#### *Diagnosis of Secretary Seward's Case.*

In Secretary Seward's case, that difficulty of respiration was doubtless due to impending paralysis of the *pons*. It is in such cases of *pons* congestion in intermittent fever, requiring Eupat. perf. (not Eupat. *purp.*, which does not congest this region), that we find so much cause for alarm. Much congestion will induce cough, sometimes fearful and fatal.

#### *Diagnosis of Prof. Lord's Case.*

In Dr. Lord's case, the first bronchial attack (so supposed) was of central, not of peripheral origin. I do not now wish to cast any reflections on the diagnosis; but knowing of Brown-Séquard's experiments, I should have been disposed to look upon a sudden and severe bronchial attack as a very grave symptom. These physiological experiments throw much light upon disease; and when we are enabled to understand the whole range of our remedies, we will be capable of explaining their effects more clearly. The study of medicinal effects will eventually prove to be of vast importance. It will furnish the key to physiological science. To unravel our mass of symptoms so as to comprehend the various vital phenomena, will be the chosen field of the next generation of physiologists. Claude Bernard (see "Cerebral Functions," in *Journal of Insanity*, or *U. S. Med. and Surg. Journal* of July, or *Popular Science Monthly*, Nov.) recognizes this as "the most delicate method of experimenting" for physiologists. He will

wake up in astonishment some day to find that homœopaths have delved over this field, and that the gold lies in profusion at his very feet. When Bernard, Séquard, Flint, Carpenter, and men of that stamp, recognize what we have done in their line of physiological experimenting, they will be the "bell-wethers" to lead the whole flock of so-called physiological physicians into our green pastures. In their ignorance they exclaim that homœopaths do nothing for science. This unjust charge is sometimes echoed by the weak-minded in our own ranks. When these physiological experimenters come into our own fields of labor, and appropriate the results of our previous observations, they may raise the shout of "Eureka!" and then some of our followers will begin to open their eyes. But we can bide our time, and work on. Let us have intelligent interpreters of symptoms. Sharp does well. So does Hughes. Samuel Jones unravels well, and he stands almost alone in this field among Americans. Homœopathic physiologists to the front!

*Irritation of the Quadrigeminal Bodies occasions Increased Intestinal Activity.*

What a field! Brown-Séquard irritates the quadrigeminal bodies and obtains increased intestinal activity. As a familiar result of diseased action in one case, I found a clot in the intestines, several points of intussusception and narrowing of the jejunum; also dilatation of the pupils, with *an injected zone about the cornea: Action of Bell.* Other cases had the enteritis and the zone, and they were cured with *Bell.* And *Bell.*, given in excess in another case, *developed the zone.* Now, cannot we explain the *modus operandi* of *Belladonna* in such cases? We can see its "runway," and at the same time learn something new in physiology; *e. g.*, how strong light causes diarrhœa, by *irritation of the tubercula quadrigemina*, the origin of the optic tract, &c.



*Action of Sulph., Phos., and Carbo veg.*

*Sulphur* seems to act upon this engine-room the brain and nerve centres. Its action is upon the central point.

*Phos.* is a wonderful stoker. It pulls down the machinery by fatty degeneration to furnish the spleen with fat, with which to manufacture blood for the nourishment of the brain and nervous system. The brain must have blood and fat. I believe *Phos.* will run the system longer than any other of our remedies. But when *Phosphorus* subjects fail, they go to pieces like the old shay—all at once. It is a wonderful remedy. Turn it loose, in big doses, and it is just "a bull in a china shop."

*Carbo veg.* produces a *venous* compression of the pons and cerebellum. It stands, therefore, near death's door, and must be given high. I question if many of our remedies act directly upon the lungs. If they act, as they seem to do, through the nerve-centres, pons, &c., life's headquarters, should they be given in large doses? Science, common sense, and humanity say no!

Yours for the cause,

T. C. DUNCAN.

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BRONCHITIS AND NERVO-CONGESTIVE APHONIA, WITH VARIOUS COMPLICATIONS.

BY T. DWIGHT STOW, M.D.

THE wife of a Baptist clergyman had a dry cough, with squeaking râle and aphonia; sensitiveness of the external throat to the touch; could not bear to have the neck-band press her throat; soreness, tenderness, and sensation of weight in left *ovarian region*; all worse after sleep; there were also pale and scanty menses, with loss of sexual instinct. Lachesis 2', four powders, dry, was followed by rapid improvement, revival of sexual instinct, and copious menstruation. Soon afterwards she complained of stiffness

and aching pain in the left cervical muscles, with marked prostration. These symptoms I ascribed to the remedy, and gave *Sac. lac.* In a few days the recovery was complete of bronchitis and all the complications.

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## SOME COUGH CHARACTERISTICS.

BY HENRY N. GUERNSEY, M.D.

*Aconite*.—Constant, short, and dry cough, with sensation as if suffocation would occur; every inspiration seems to increase the difficulty.

*Arn.*—Sensation as of a bruise, or soreness in the chest when coughing, the expectoration being streaked with blood.

The child always cries just before a paroxysm of coughing.

*Arsenicum alb.*—Cough excited by a sensation as if the fumes of sulphur were inhaled, as from a lucifer match. Sensation as if one were inhaling dust.

*Cough* is followed by an increase of difficulty in breathing. In asthma.

*Bryonia alba*.—Cough, at night in bed, compelling one to spring up and assume an erect posture at once. This seems an involuntary motion.

*Cactus grandiflora*.—Cough, with considerable mucus expectoration, sometimes of the consistency of boiled starch, but very yellow.

*Cimicifuga*.—Cough excited by every attempt to speak, so that one is obliged to desist.

*Cistus Canad.*—"Stitches in the throat causing cough."

*Collinsonia*.—Cough, with expectoration of lumps of coagulated blood enveloped in mucus.

*Comocladia dentata*.—Cough, with pain under left nipple extending through to the left scapula.

*Coccus cacti*.—Every coughing spell is terminated by the expectoration of large quantities of thick, viscid, albuminous mucus.

Expectoration of globular mucus. Some globules as large as a pea.

*Capsicum*.—Every coughing spell is attended with an

aching pain in the throat, or ear, or both at the same time. Sometimes pain in distant parts, as in the bladder, knee, or leg. Cough *excited* by *drinking coffee*.

*Carbo veg.*—Cough *excited* by going into the *cold air*, or into *cooler air* from a warm place.

*Causticum.*—Cough after getting *warm* in *bed*, or after *recovering* the *natural warmth* from a colder state. Cough with *pain* in the *hip*. Cough relieved by a cold drink. Spitting of urine with the cough.

*Chamomilla.*—Dry cough during sleep, not awaking the patient.

*Chelidonium majus.*—Loose, rattling cough remaining after hooping-cough.

*China.*—Cough when the head is *low*; it *must* be *raised* a little. Violent cough after eating.

*Chininum sulphuricum.*—Cough with jelly-like expectoration.

*Cina.*—Very frequent *returns* of *dry, short, hacking cough*, followed by *swallowing* as if *something* were *rising* into the *throat*, and occasional moaning.

*Coccionella septum punctata.*—Cough relieved by going into the cold air.

*Conium mac.*—A sort of a *teasing dry cough*, *lasting a long time* after *lying down at night*. The cough of *Con.* is usually much worse at night.

*Crocus.*—The cough is *relieved* by *pressing the hand* upon the *pit* of the *stomach*.

*Croton tig.*—Cough, with violent, sore, drawing pain through the chest into the back, more on left side.

*Cuprum.*—Cough *characterized* by the *long uninterrupted continuance* of its *paroxysms*.

*Digitalis.*—Cough *after eating*, with *vomiting of food*.

*Drosera.*—Cough so rapid in its succession as scarcely to permit respiration in the intervals.

*Elaps corallinus.*—Cough *characterized* by *expectoration of black blood*, and *often* with *tearing sensation* in the *cardiac region*.

*Eugenia jambos.*—Cough, *effecting* its *sensation particularly* in the *pit* of the *throat*, just above the end of the sternum.

*Eupatorium perf.*—Harsh, hoarse cough as an accompaniment to measles, hurting the chest so as to compel its support with the hands.

*Euphrasia*.—Suffocative cough, as in whooping-cough, with profuse lachrymation and fluent coryza.

*Ferrum acet.*—Cough, with vomiting of food, particularly after dinner.

*Guaiacum off.*—Dry cough by day or by night, relieved by detaching and raising a little mucus.

*Hepar s. c.*—Rattling choking cough; it seems as if the patient would choke in coughing; in croup, whooping-cough, or in catarrh, usually worse towards morning or after eating.

*Hyoscyamus*.—Whilst lying down constant cough, which ceases soon after rising up. Violent paroxysms of spasmodic, exhausting cough.

*Ignatia*.—A very troublesome cough, usually dry, arising from some irritation in the pit of the throat.

*Indigo*.—Dry cough, always attended with epistaxis.

*Iodium*.—Cough, arising from an intolerable tingling and tickling in the larynx or throat, only relieved by discharging quantities of mucus from those parts.

*Ipecacuanha*.—Severe suffocative cough, with rigidity and blueness of the face.

*Kali bichromicum*.—Cough, with expectoration of tough, stringy mucus; it sticks in the throat, causing a choking sensation to the tongue, teeth, and lips, and in attempting to remove it from these parts it will be drawn out in long strings. With this same cough there is often severe stitches in the chest.

The above character of the mucus is a sufficient indication for its use in croup, diphtheria, in pneumonia, or in bilious fever.

*Kali carbonicum*.—Very violent cough, mostly dry and commencing at three P.M. or at five A.M.; if mucus is dislodged it is not expectorated; but falls back into the stomach.

*Kali hydriodicum*.—Considerable irritation about the throat, causing dry cough, or with expectoration of green mucus; more particularly in old syphilitic cases.

*Kali nitricum*.—Dry, tormenting cough, arising from a tickling in the middle of the chest, with audible palpitation of the heart.

*Kreasotum*.—Dry, scraping cough, excited by a crawling sensation in the throat below the larynx.

*Kobaltum*.—Cough, with expectoration of bright red blood, with a sensation as if it came from the larynx.



*Lachesis*.—Cough, excited by pressing, even lightly, upon the larynx; clothing must be removed from about that part, *their* pressure excites the cough.

Cough so soon as one falls into a sound sleep, often with choking as if suffocation were inevitable. In croup cough excited by a sensation as if a crumb of bread were sticking in the throat, or some other substance, with frequent hawking and swallowing.

*Laurocerasus*.—Cough, with copious expectoration of mucus, and bright red points of blood interspersed here and there throughout the mass.

*Lcdum*.—Violent cough, expectorating after midnight or in the morning, fetid, purulent matter, and sometimes bright red foaming blood.

*Lobelia inflata*.—Very severe and long coughing spells, relieved by expectoration of ropy mucus which inclines to stick to the pharynx.

*Lycopodium*.—The breathing becomes very short before, and continues so during the paroxysms of coughing, which renders the cough difficult in the paroxysm; if cough ceases the respiration becomes normal.

*Magnesia carb.*—Much coughing; fits of spasmodic cough at night in persons much troubled with ascarides: it then cures both.

*Magnesia sulph.*—Coughing excites much burning in the chest, which after a little time passes away till another spell of coughing.

*Manganum*.—Dry cough, which causes darting pain in the parietal bones.

*Menyanthes tri.*—Cough threatening suffocation, with spasmodic contraction of the larynx, and every effort to inspire increases the cough.

*Mephitis putor.*—Cough, excited by drinking, or talking, or reading aloud, or singing, with a feeling as though something had got into the larynx.

*Mercurius sol. or vir.*—Cough of such a nature as not to allow the utterance of an audible word.

*Moschus*.—Desire to cough immediately followed by spasm of the lungs and dyspnoea as though suffocation would ensue; after this passes off another desire to cough is followed by the same train of symptoms, and so on.

*Mezereum*.—Violent uninterrupted cough till relieved by vomiting.

*Muriatic acid*.—Cough, with burning in the throat.

*Natrum mur.*—Cough excited by every empty deglutition.

*Niccolum.*—Cough at night is so violent one is obliged to sit erect in bed and hold the head with both hands.

*Nux moschata.*—Cough excited by a *creeping* sensation from the chest to the throat, *particularly in pregnancy.*

*Nux vom.*—Coughing always produces an *acrid* sensation in the throat.

*Opium.*—The desire to cough is followed immediately by arrest of respiration and blue face.

*Phytolacca dec.*—Distressing cough excited by a tickling in the left side of the larynx.

*Platina.*—*Violent* cough, excited by an irritation under the upper end of the sternum.

*Podophyllum pelt.*—Cough characterizing remittent fever; its exacerbations and remissions correspond with those of the *fever.*

*Pulsat.*—Cough, which makes one shake all over; cough, with a sensation as if one would vomit, with lachrymation.

*Rhus radicans.*—Cough excited by a tickling under the upper half of the sternum, or in the pit of the throat.

*Rhus toxicodendron.*—Cough, with a taste of blood, although no blood is to be seen.

*Rumex crispus.*—Cough, from tickling or irritation behind the upper portion of the sternum.

*Sabina.*—Cough, excited by crawling and tickling in the larynx, especially in pregnancy.

*Sepia.*—Cough in the morning with profuse expectoration of mucus of a bad taste, and each paroxysm terminating in an attempt to vomit.

*Spongia.*—Cough, with a sensation of burning in the chest, all relieved by eating or drinking.

*Sticta pulmonaria.*—Cough excited by every attempt at inspiration.

*Squilla maritima.*—One of the best of remedies for a tickling, worrying, and almost constant harassing cough, of greater or less severity, day and night, sometimes loose, sometimes dry.

*Stannum.*—Cough and expectoration, which makes the chest feel as if eviscerated, with weakness in the limbs and general languor.

*Sanguinaria.*—*Continual and severe cough, with or without expectoration, always attended with circumscribed redness of the cheeks.*

*Sulphur*.—Great desire to cough, but it is partially suppressed; it does not amount to a full free cough. Observed in whooping-cough.

*Sulphuric acid*.—The cough produces a dull shock behind the right eyelid.

*Tabacum*.—Cough produces a sensation of sticking in pit of stomach.

*Tartar emetic*.—Cough, with a sound as if a little cupful of mucus were in the throatpit, but none scarcely is expectorated.

*Veratrum album*.—Cough violent and fatiguing, with cold sweat on the forehead.

*Zinc*.—Cough, with expectoration, leaving a sensation of hotness and coldness in the chest; cough, with sweet tasting expectoration.

## BALSAMUM COPAIVÆ.

BY DR. WEIL, OF BERLIN.

TRANSLATED BY S. LILIENTHAL, M.D.

COPAIVA, although not a polychrest, deserves not that slighting neglect bestowed upon it by so many physicians. Constant physiological effects produced by the Copaiva are: copious discharge of a balsamic-smelling urine, and burning in the neck of the bladder and in the urethra; pressure on the bladder, with constant ineffectual desire to urinate and emission of urine in drops; itching in the meatus urinarius; inflammation and swelling at the meatus, with pains throughout the whole penis; mucous discharge from the urethra; diarrhœa alternating with obstinate constipation; stitches in rectum. During continued use, painful urination, retention of urine, and hæmaturia; severe erections, with lascivious ideas; constant sexual misus; pressing, drawing pains in testicles; redness and acrid discharge on scrotum, and between it and the thighs; swelling and sensitiveness of the inguinal glands.

In women, tenesmus in the bladder and uterine region; drawing pains in the uterus, vagina, and meatus urinarius; burning and itching in the urethra and vagina; milky, acrid, corroding discharge, with painful urination; pulsating pains in ovarian region.

We find here a perfect picture of catarrhus vesicæ et urethræ, with its different ailments, up to perfect retention; also a group of symptoms simulating gonorrhœa, sympathetic inguinal bubo, orchitis, &c.:—in fact, Copaiva is far more a similitum to gonorrhœa than Bell., Canth., Cann., Merc., Thuja, &c. It covers the whole disease, whereas other remedies correspond only to single stages.

At the beginning of the inflammation, we use the 3d decimal dilution, and mitigate by it the inflammatory symptoms, especially the tenesmus and the pains during urination. I then descend to the 2d or even 1st dec. dilution, and in the space of from four to six weeks every trace of the disease is removed. The sexual organs must also be frequently washed, first with lukewarm, then with cold water.

We witnessed the same benefit in urinary difficulties from other causes, as from cold, abuse of beer or alcoholic beverages, &c.

There frequently remains in gonorrhœas treated by injections a tenesmus with frequent desire to pass water. The sphincter vesicæ loses the ability to retain a larger quantity of urine. Formerly I succeeded in removing such a state by the introduction of a bougie. Now I only use Copaiva, and thus save the patient the introduction of an instrument.

In one case a patient, who used it against gonorrhœa, reported that hæmorrhoidal knobs, existing for years, disappeared, and have not since returned.

Dilutions higher than the 3d were without effect.—(A. H. Z.)

Dr. Tarrell publishes, in the *Bibliothèque Hom.*, December, 1871, a series of cases of urticaria cured by Copaiva. We give a few of them.

1. Mrs. B., 62 years old, suffers from nettlerash, without fever, great restlessness of the extremities, violent itching, sleeplessness, urine full of sediment, scanty, and burning in the urethra during its passage. Copaiva<sup>6</sup> cured her in forty-eight hours.

2. Miss B., 24 years old, suffered four years ago from urticaria, was treated by purgatives, and though the rash disappeared in four days, a long train of gastric ailments followed. A new attack, with sleeplessness, anorexia, and violent pruritus. Copaiva<sup>6</sup> cured, in two days, the rash and the gastric troubles.



3. M. R., 12 years old, was taken April 14, 1871, with a severe chill, headache, and such malaise that he had to lie down. In the morning I found the following state: flushed face, interspersed with rose spots; urticaria over the whole body, with dry, hot, and biting skin (*calor mordax*), especially disagreeable to the touch. Excessive agitation during the night, great thirst, delirium, intense headache, drowsiness, embarrassed speech, urine scanty, dark-colored and brickdust sediment. He came from the country, where he was much exposed to the sun. Bellad. corresponds to the insolation and nightly delirium, Acon. to the inflammatory fever, dry skin, and great thirst; but Copaiva covers the eruption, and I prescribed Copaiva<sup>9</sup>, a drop in 150 grammes of distilled water, a tablespoonful every two hours.

April 16. Patient slept; no delirium, and no severe itching. Pulse under 100; face looks pale and natural; still great thirst. Copaiva<sup>12</sup> every three hours.

April 17. Skin and temperature normal; patient wants some food.

4. M. S., 25 years old, teacher, delicate health, and frequently suffering from throat affections, neuralgic toothache, gastralgia, with constipation. All her ailments are more on the right side.

June 27, 1870. Urticaria, with fever, insomnia, and nocturnal agitation; patient wants continually to scratch; great thirst, with a white coated tongue. *R. Croc. tigl.*<sup>50</sup> in water. Rapid amelioration followed, but she kept on suffering from hepatic gastralgia.

July 12, 1871. A new attack of urticaria, with aggravation of all her former symptoms. Copaiva<sup>12</sup>, in water, soon diminished the fever and burning sensation, and the rash disappeared in a few days.

August 11. Reappearance of the tenacious eruption, but quickly relieved by a few doses of Copaiva<sup>30</sup>.

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## A CASE FROM PRACTICE.

BY J. J. GRIFFITHS, M.D.

On November 22d, 1870, I was called to attend Miss B., æt. 22, who had taken cold from getting wet. The symp-

toms were: Dry, hot skin; flushed face; severe pain over the eyes; dry cough, with severe cutting pain near the apex of the left lung; pain in head and lung aggravated by coughing.

Nov. 25th. Better, excepting the head-pain and cough.

Nov. 26th. Vertigo, aggravated on rising; twitching of the muscles of the arm; spasmodic convulsions of the face, with *risus sardonius*. Has of late had catamenia every two or three weeks.

Nov. 27th. Severe, distressing pain in the small of the back, extending down and across the pelvis, simulating labor-pains; pulse 110; face reddish-purple; tongue white, with red edges, but moist; bowels constipated; tenderness across the abdomen.

Nov. 28th. I was informed that my patient had not urinated for three days and had no desire to do so; the bladder was undistended; was called in the night, my patient growing worse; found her in great distress, tossing from side to side of the bed; all the former symptoms were much aggravated; pulse small and quick; dry skin; great thirst; dilated pupils; hurried speech; has not urinated. On introducing the catheter about two ounces of healthy-looking urine, free from bad odor, were voided, without relief. I now gave large and repeated doses of morphine (my previous medicines not having relieved), which produced no sleep; the symptoms now became more severe; the pain in the head was intense. R. Bell., which in a few hours relieved the head-pain, and partially the great restlessness; the spasmodic action of the face became less, but the pubic tenderness was just as severe, and no urine came. I could find but one similar case in the books (and that was published by Dr. Hayward, in company with Dr. Warren, of Boston), which was treated allopathically, and died.

It was now the ninth day: introduction of the catheter showed still a non-secretion of urine.

On the tenth day there was a slight discharge simulating

the menses, which lasted a day, and gave no relief. She could be induced to take but a teaspoonful or two of nourishment; the cough was very troublesome; the face was badly contorted; the bodily powers seemed to be collapsing. The remedies previously used had been some of them repeated in different potencies. On the morning of the fifteenth day *Nux v.*, 6th and 30th, in alternation, was prescribed. She gradually became easier; in the afternoon took a little food, slept some during the night, and urinated freely the next morning. She convalesced rapidly from this time, the cough remaining some months. Has since felt a weakness along the spine, especially in the sacrum, when sitting erect.

During the treatment I used Gelsem., Acon., Bell., Cann. ind., Apocynum c., Bry., Hyos., Digital., Sulph., Canth., Coccul., *Nux v.*, from the tincture to the 4<sup>th</sup>. Query. Was this a primary disease of the kidneys? Will some one give his experience, and a clearer mode of treatment?

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## IMPRISONMENT OF THE CRIMINAL INSANE.

BY SAMUEL WORCESTER, M.D.

THE increasing frequency of murder in New York City, and other large places, together with the immunity from punishment enjoyed by those committing great crimes, have awakened a widespread feeling that the laws, or their execution, or both, are wanting in a proper degree of efficiency; and that some decisive action should at once be taken to remedy the evil. At present, when a crime is committed, even, it may be, under atrocious circumstances, the plea of insanity is generally entered as a defence, and is very apt to be effectual. The prisoner is acquitted on the ground of insanity, and then, as in the Cole-Hiscock and other noted trials, we have as a result, a man allowed to go at large in the community who is

liable to murder any one who chances to displease him ; and while he is not responsible at the moment by reason of insanity, he is perfectly sane immediately before and after the killing. In such cases the murder is at once the only manifestation of the insanity, and its cure.

There are two important causes which have mainly contributed to this result : First, the unwillingness of a jury to sentence a man to the gallows for a homicide committed upon the impulse of the moment in a sudden affray ; while in New York and some other States the only other legal alternative is manslaughter in the third degree, to be followed by a ridiculously inadequate penalty ; therefore the jury are often willing to trifle with conscience and lend an ear to the plea of emotional insanity. Another cause is the conflicting nature of expert testimony in cases of alleged insanity, where, instead of endeavoring to ascertain the real mental condition of the defendant, the principal object of the lawyers seems to be to produce the largest possible number of experts who will give opinions and testimony favorable to the side upon which they are called. In such cases the jury, overwhelmed and confused by the mass of conflicting opinions, are unable to agree, and giving the prisoner the benefit of the doubt, he goes forth a free man.

To remedy such a state of affairs, legislation has recently been proposed in Indiana ; and now, Henry L. Clinton, an eminent lawyer of New York City, has drafted two bills which he intends presenting before the Legislature. One of these bills changes the statutory definition of murder in the first degree, and defines murder in the second degree to be "such killing when perpetrated intentionally but without deliberation or premeditation, *or* when perpetrated without a design to effect death by a person engaged in the commission of a felony other than that of arson in the first degree." The punishment for this grade of crime would be imprisonment for life.



The second bill reads as follows :

"Section 1. Whenever the jury on the trial of any indictment for felony shall acquit the defendant on the ground of insanity, they shall so state in their verdict.

"Section 2. Whenever upon the trial of any indictment *not capital*, the jury shall acquit the defendant on the ground of insanity, the court in which such acquittal shall be had shall make an order that the person so acquitted shall be confined in one of the State lunatic asylums for insane criminals at Auburn for a period not less than the shortest nor more than the longest term of imprisonment in a State prison, to which such defendant might by law be sentenced if found guilty by the jury, *and* until it shall be proven in the manner now provided by law that the defendant has been restored to sanity. The defendant shall be confined in such lunatic asylum accordingly, and shall not be discharged or set at liberty before the expiration of the period mentioned in the said order.

"Section 3. Whenever upon the trial of any indictment for any *capital* offence the jury shall acquit the defendant on the ground of insanity, the court in which such acquittal shall be had shall make an order that the person so acquitted shall be confined in one of the State lunatic asylums, or in the State lunatic asylum for insane criminals, at Auburn, for a period of not less than twenty nor more than thirty years, *and* until proved to be sane," &c., as in the last section.

Insanity is frequently defined as a "disease of the brain whereby the freedom of the will is impaired," and I believe it is a well-recognized principle of the common law, that whatever impairs the freedom of the will, in a like degree impairs legal responsibility, or, in other words, releases from the consequences of acts otherwise criminal.

One purpose generally sought by the law is protection to society through fear of punishment to the evil-doer; but surely no one is foolish enough to suppose that an insane man, *i. e.*, of unsound mind, will for a moment be

deterred from any act by fear of the consequences. Another acknowledged object that the laws have in view is the punishment and reformation of criminals. Does it also contemplate the punishment of the insane? Hahnemann was one of the first to advocate the mild and humane treatment of the insane, and to enunciate the principle that in insanity there is no responsibility; and, if no responsibility, that there should be no punishment.

The law proposed by Mr. Clinton would seem to ignore all progress and place us back in the dark ages, when it was commonly supposed that all the insane were possessed with devils, and the quicker they were shut up and punished the better it would be for the community. His bill reads, in section 2, that any person committing a felony *not capital*, and acquitted on the ground of insanity, shall be confined in a State lunatic asylum for as long a time as, if convicted, he would have been sentenced to prison, and until proved sane in the manner now provided by law; and he shall not be discharged nor set at liberty before the expiration of the time mentioned in the order. Taking an extreme case as an illustration, we see that if this law means anything, it says in plain words that if a person, whose insanity should unfortunately take a violent form, commits arson, or murder in the second degree, he is to be sentenced to the State lunatic asylum for life; and if he should happen to recover his sanity in a year or two he is to remain until "the expiration of the term mentioned in the order."

Can any one conceive of a law better fitted than this to manufacture insanity?

Section 3 of this bill provides that, for a *capital* offence, the person acquitted on the ground of insanity shall be confined in a State lunatic asylum for a period of from twenty to thirty years; with the same provisos as to release as in the last section. This remarkable project of a law provides that under certain circumstances a criminal

insane man may be punished more severely for a *non-capital* than a *capital* offence.

Let us suppose that a young mother in a paroxysm of puerperal mania should destroy her young infant. A merciful and just law would say, "not guilty by reason of insanity," and yet by the strict letter of the proposed law she would be sentenced to years of confinement in a lunatic asylum even if reason should be fully restored.

Mr. Clinton's views on the subject are as follows: "The defence of insanity has been so perverted and abused in capital cases as to bring shame and reproach upon the administration of justice. If a person be really insane at the time he commits a homicide, law, justice, and humanity demand that he should not be convicted. But the community should certainly be protected from the violence of insane persons. If a person is so insane as to take human life, he should be confined for a sufficiently long period to protect the community against any return of such violence. I think that if a person commits a homicide under such circumstances that it would be murder were he sane, a confinement in a lunatic asylum for twenty or thirty years would not be too long. If such were the law, a sham and spurious defence of insanity would not often be interposed. If insanity were real no injustice would be done."

Doubtless if the proposed law passes, an end will be put to the species of insanity which is but momentary, and is seized upon so readily as a defence; but great injustice would be done to those who are really insane. As one writer truly says, "There is no good reason why a person insane at the time of his act should be sentenced twenty years to a lunatic asylum, any more than he should be so sentenced before the act, if it is not to be regarded as a punishment for the act." I insist, however, that where there is no responsibility there should be no punishment, although it is true that the "community should be protected from the violence of insane persons."

In an article which appeared in the *Hahnemannian Monthly* for March, 1871, entitled the "Plea of Insanity as a Defence in Cases of Homicide," I gave the *project of a law* to determine the legal relations of the insane. This project, proposed and indorsed by the Association of Superintendents of American Hospitals, I regard as the most perfect yet devised. But one great obstacle to its adoption seems to lie in the fact that it is the careful production of physicians, who have spent years in considering the wants of the insane and their relations to the general community, rather than of lawyers, who know but little of the subject.

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#### A REFUTATION.—NOTE FROM DR. FROST.

MR. EDITOR: Some misapprehension having arisen in respect to the degree conferred several years ago by the Homœopathic Medical College of Pennsylvania, upon Dr. L. Younghusband, I have thought it my duty to make the following statement; and I do this the more willingly since by thus showing the groundlessness of the "railing accusations" brought against Dr. Y., all subject of dispute is taken away, and with it removed the danger of serious injury, which could not but accrue to the present homœopathic medical college in Philadelphia, from its being officially placed in a position of virtual antagonism to the establishment of homœopathic medical colleges in the West.

At the annual commencement, in 1866, the degree of Doctor of Medicine was conferred upon Dr. L. Younghusband, in accordance with a unanimous vote of the Faculty of the Homœopathic Medical College of Pennsylvania. Dr. Y. had been for some years teacher of the Latin and Greek languages in a high-school in Upper Canada, a position for which the legal qualification is that the incumbent "must be a graduate of a university." I was satisfied that Dr. Y. was an educated gentleman, of high standing, and a respectable practitioner of homœopathy.

In 1866, I believed, as *I do now all the more*, that our College was itself honored in conferring its degree upon Dr. L. Younghusband.

J. H. P. FROST, M.D.

DANVILLE, PENNA., December 23d, 1872.



## MEETING OF ALUMNI OF HAHNEMANN MED. COLLEGE.

THE regular (five-year) meeting of the Alumni of the *Hahnemann Medical College of Philadelphia*, will be held at the college building, March, 1873. The appointed oration will be delivered by Dr. E. A. Farrington. To commemorate the occasion, a social supper is proposed, to which all the graduates are invited. Invitation is also extended to graduates of the Homœopathic College of Pennsylvania, who may become members by matriculating in the Hahnemann College, as required by the constitution.

Name, address, and \$3.00 must be forwarded to the Corresponding Secretary before February 20th. A ticket showing *date*, programme, &c., will be returned, or, in case of failure, the money will be refunded.

By order of the Board of Managers.

E. A. FARRINGTON, M.D.,

Corresponding Secretary, 1615 Mount Vernon Street, Philadelphia.

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EDITORIAL NOTES.

A PHYSICIAN, a graduate of the Homœopathic Medical College of Pennsylvania, who has had over seven years' of active practice in an inland town of limited growth, is now desirous of getting into a broader sphere of work, and asks us to make the fact known through this journal. He would prefer taking the place of assistant to a physician of extended practice. If any of our subscribers happen to know of a good opening in a large and growing place, or should need an active and skilful assistant, we shall be pleased to put them in communication with the physician above referred to. He is ready to offer testimonials as to ability, honor, and efficiency as a practitioner of the highest character in the profession.

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CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

THE Central New York Homœopathic Medical Society convened at Dr. Miller's office, December 19th, the President, Dr. Wells, in the chair.

The roll was called, and the Secretary's report of the last meeting read and approved.

Present: Drs. Wells, Clary, Seward, Hawley, Dada, F. Bigelow, J. G. Bigelow, Brewster, Schenck, Marks, Southwick, Thompson, Chatfee,

Parsell, Spooner, Strong, Jones, E. Loomis, Gardner, Ball, Truman, Swift, E. K. Smith, and Miller.

The following Committee on Credentials was appointed: Drs. Clary, Seward, and Schenck.

On their favorable report, Dr. T. K. Smith, of Auburn, was duly elected a member.

The President made some general introductory remarks, and a general discussion followed on the recent legislative enactment providing for the appointment of a Board of Censors to examine candidates for medical diplomas outside of medical colleges. It appeared that this Board was empowered to examine such applicants on their knowledge of homœopathy, allopathy, and eclecticism.

#### BRONCHITIS AND PNEUMONIA.

The subject of Bronchitis and Pneumonia being in order, a very learned and scientific differential diagnosis of these diseases, by Prof. S. Lilienthal, of New York, was presented to the Society. (See page 303.)

The paper was accepted, and the thanks of the Society tendered to the Professor.

The Secretary made a report on the same subject, giving a differential diagnosis, indications for treatment, and clinical cases. (See page 309.)

An interesting paper was read on the physiological interpretation of symptoms in the same diseases, by Dr. Duncan, of the *Medical Investigator*. This paper was accepted with the thanks of the Society. (See page 318.)

A case of *Bronchitis* with *nervo-congestive* aphonia, cured by *Lach.* 2<sup>c</sup>, was reported by Prof. Stow. (See page 321.)

Dr. Brewster reported a case of *congestion of the lungs* in an elderly person, with profuse, watery, slimy, and bloody expectoration, with great difficulty of breathing, thirst, and a collapsed state. *China* gave relief for a time. Finally a relapse occurred, with cold extremities, blueness of the skin, and tightness of cough, when *Arsenicum* soon restored the expectoration, and the patient was convalescent.

Dr. Swift reported a case of *Pneumonia* with short, quick, panting respiration; immobility of the walls of the chest, respiration being performed only by the diaphragm; dulness of the chest on percussion; severe chills; small rapid pulse; restlessness and anxiety. *Aconite* gave speedy relief, and saved the patient's life. Afterwards other remedies were given as they appeared to be indicated, and a good cure in two weeks was made in spite of the fact that an abortion occurred in the meantime as a complication.

#### THE EPIZOÏTIC INFLUENZA.

A valuable paper from Dr. Stow on the epizootic disease was read and accepted, and a vote of thanks was unanimously tendered. On the same subject a letter from Dr. W. E. Paine, of Bath, Maine, was also received with general satisfaction by the members present. (See page 297.)

Dr. Gardner said that he used *Protiodide of mercury* as a specific in the epizootic influenza. He stated that he had observed a leathery deposit or pseudo-membrane formed in the throat before the cough commenced. Hence this remedy was appropriate. In the stage of collapse he used *Veratrum viride*.

Dr. Swift gave his horse *Aconite* for chills and fever for twenty-four hours. Then a dry hacking cough ensuing, *Belladonna* gave relief. General debility supervening called for *Arsenicum*. His horse made a better recovery than any other in the same stable without such treatment, though many were similarly affected.

Dr. Chaffee reported several cases, with cough and rattling respiration, cured by *Stibium*.

Dr. Brewster said that the structure affected should be understood, and then we can more easily find the specific remedy. Some cases commenced with profuse, watery, nasal discharge, and great general debility with staggering gait. These symptoms suggest *Arsenicum* and *China*. When there is no loss of appetite, *China* is preferable. This remedy is indicated in cases of great prostration without discharge and no desire to exercise or to move. Light cases pass along well enough without treatment, but secondary symptoms are liable to set in. For such effects, prostration, anasarca, &c., he found *Sanguinaria* and *Hydrastis* the best remedies. If there be an inflammatory condition, *Aconite* acts well, but in cases of great prostration this remedy does injury. When there are profuse, watery, nasal discharge and great debility, the blood is impoverished.

*Lime as a Prophylactic.*—The Secretary knew of a farmer residing near the city whose team of horses escaped the distemper, while those of his neighbors, without exception, were attacked. If the malady were contagious, his horses were exposed, since he drove them into the city every day during its prevalence. He kept common lime in the stable, and every day scattered it under the horses. By this simple precaution he thinks they were protected.

#### PROFESSOR FROST ON THE DOSE.

The Secretary read an elaborate report on the dose, by Prof. Frost, the Corresponding Secretary, who sent his fraternal greetings to the members of the Association. The Professor elucidated this subject in a very able and masterly manner. He alluded to Dr. Lord's theory of *alternation*, but disclaimed the intention of either affirming its truth or giving it credence. This paper was accepted, and a vote of thanks unanimously passed. [Prof. Frost's paper is in course of preparation for the press, and will shortly appear in full in the *Hahnemannian Monthly*.—ED. H. M.]

A paper by the Secretary on the *Law of Cure and Single Remedy and the Question of Dose* was presented. [Secretary Miller's paper is reserved for a future number.—ED.] A resolution offered by the Secretary, em-

bracing these points, was, without dissent, adopted by the Society. The members present were almost unanimously in favor of prescribing a single remedy at a time. With few exceptions they professed to generally prescribe in this manner. In chronic disease they almost invariably used the single remedy, or rather a succession of remedies, prescribed according to the symptoms of the case at the time. Dr. Clary observed that the time would come when the use of remedies would be more thoroughly understood, and then the single remedy at a time would be generally used with success.

ACONITE *versus* MORPHINE.

Dr. C. H. Thompson read the following paper on this subject:

The use of opiates is so extensive in this country that homœopathic physicians often come in contact with its victims, who are almost always led into it by allopathic prescriptions. I purpose giving three instances in which Aconite has proved to be an efficient antidote to the secondary effects of morphine.

CASE 1.—On May 19th, 1870, I saw Mrs. A., aged 28 years, who suffered most from pulmonary troubles. I found the action of the left lung very weak; cough, with difficult expectoration; patient takes cold very easily, and it always settles there, causing severe pains in left pectoral region, and sharp pleuritic pains in left side; added to this there was loss of appetite and of sleep. For five years she had endured all that the old school could do for her, and she had settled down into the use of morphine. Unless she was under the influence of this drug she was entirely prostrated. On this day she called me. I treated her for a little while, and she gradually improved and was soon able to be about, but was far from being well. In June she went to Glenn's Falls on a visit, and returned in July not much improved. At times had severe attacks of vomiting, for which I used the ordinary remedies until July 16th, when she was taken with vomiting that nothing would stop or even alleviate in the least. Different physicians saw her at my request, and at this time about eight days had passed and not a particle of nourishment had been taken into the stomach but was instantly rejected. She once having been bled for the same trouble, wished to try it again. As I had no confidence in that, one morning I left the house expecting that she would be bled before noon, and that the case would go out of my hands. On calling after dinner I found one of my allopathic friends had given her a copious bleeding. I then wished to give up the case, but her husband insisted upon my continuance, when I gave China. Although perfect ease followed the loss of blood, in twelve hours the vomiting was as bad as ever. *Lycopodium* 30 then gave some relief, but on the evening of the second day after the first bleeding, while all the family were away except an inefficient nurse, she sent her after the doctor, and was bled freely again. At this point I objected to prescribing again, but when the vomiting came on the family insisted that I must not leave them. Since then



there was doubt whether the patient would live, and as I could not well get rid of the case I determined to do the best I could. As venesection seemed to have produced a temporary effect, I thought I would try Aconite, and the result was all that could be wished. I continued with that remedy for months, then at times used others, and for a year past she has had ordinary good health, not requiring a prescription on an average oftener than once in three months.

CASE 2.—The second case was a single lady, aged about 42 years. She began taking morphine about five years previously, by advice of an allopath, to relieve sciatica. She had reached such a pass that enormous quantities failed to give relief, and the effects of the morphine were as bad as the original disease. May 12th, 1871, she consulted me and got Nux vom. I thought it was such an aggravated form that she would not have strength of mind to reform. Soon the sleeplessness, anguish, vomiting, and pains came on. Thinking this a good time to try my new antidote, I gave Acon. 3d in water with marked relief, and afterwards, with the use of Rhus, the old sciatica was cured, so that now although passing the climacteric she is robust in health, and a firm advocate of *homœopathy*.

CASE 3.—Mrs. M. W., aged about 50 years, contracted the habit of taking morphine a few years ago from following the prescription of a Buffalo physician. But for some time she had not used it until during the past summer. Owing to the protracted sickness and death of both father and mother, and having trouble of mind and great fatigue, she fell into its use again, and being of such a temperament that the effect was very pleasant, let the habit continue until she saw that it must be stopped at once. On the 22d of November, 1872, she stopped the use of the drug, and on the 24th I found her with prostration, constant nausea and vomiting, with abdominal pains, sleeplessness and restlessness, and watery bilious stools. Gave Aconite, with relief from everything but the diarrhœa, for which I gave Mercurius, and a good cure followed.

These are the more interesting from the fact that the three persons are of different temperaments, the first being of a nervo-sanguine temperament, the second decidedly bilious, and the third of a lymphatic temperament.

Since the first case recovered as it did, I looked over all I could find published in regard to Aconite, and I have not been able to find any author that makes allusion to the use of it in such cases, but in my experience it stands pre-eminent over all the other most commonly used medicines to remove the ill effects of the drug.

#### HOARSENESS —NAT. MUR.

Dr. D. J. Chaffee reported the following interesting case:

December, 1868, Miss C. S., aged 17, called to see me about her throat. Had been hoarse for three weeks, so that she could not sing. Throat sore; feels as if she had to swallow over a lump; burning of the tip of the

tongue, with dryness of the mouth. Her throat had been pencilled with nitrate of silver once or twice a day ever since she was taken sick. The winter before she was not able to sing any all winter. She was one of the best singers in the church choir, so they missed her very much. The nitrate of silver was used freely all this time. The doctor lived but a few rods distant, so he could see her as often as necessary. The father was a wealthy merchant, willing and anxious to have everything done that could be for the daughter's throat. I do not think everything was done that could be for the throat, but I think they did all they could with nitrate of silver. I do not recollect all the symptoms, but I remember that I compared them with *Natrum mur.*, and concluded it must cure her. *Natrum m.* covered the symptoms of the throat very closely, and Lippe says "it antidotes *Argentum*, especially when applied locally." Here I had a handle to my stool, for I had subjective symptoms enough for the legs. I gave twelve powders of *Natr. m. 2<sup>c</sup>*, and a vial of unmedicated pellets; to take a powder night and morning. The next day she could talk, and in three days could sing. The pellets lasted her several weeks. Towards spring her mother desired that I should give her another prescription, so that if they should want it they would have it, as they lived several miles away; but no need of it then. About eighteen months after that she took cold, which brought on some soreness of the throat. Her husband (for she had been married in the meantime) called for another prescription, saying she was just a little hoarse, and she had been so bad once they were afraid to let it run. I gave her a few powders of *Nat. m. 2<sup>c</sup>* and a liberal supply of unmedicated pellets, and her throat has been well ever since, and to this day they are staunch *allopaths*.

Dr. Thompson then reported a case of *epilepsy* almost immediately succeeding the suppression of goitre by the local application of iodine. The paroxysms were soon controlled by Bromide of Potassium, a weak solution. But four months afterwards the goitre returned, causing difficult breathing on lying down, the same symptom the patient had at first.

Dr. Chaffee reported a case of suppression of goitre by iodine, followed by facial paralysis.

Dr. Clary reported a case of medullary sarcoma on a patient's knee, on account of which he amputated the limb. The tumor weighed nine pounds. The stump kindly healed. This was in the spring. The next fall the patient got a wooden leg, and seemed a picture of perfect health, which continued until the next summer, when he was taken with a cough, coming on suddenly without exposure, the case soon having a fatal termination.

In a case of scirrhus of the breast, amputation was performed within a few months after the tumor appeared, resulting fatally within a year.

It was the general opinion of the Society that amputation for a local manifestation of a great constitutional vice does not arrest the disease in the system, but may hasten a fatal result.

## A HERMAPHRODITE.

Dr. B. B. Schenck presented the following "Leaf from my Portfolio:"

To-day (September 20th, 1872) I saw the child of J. K. P., of Lysander, which was born on the 31st of August last by breech presentation, or at any rate when I arrived the head was not born, while the trunk and extremities had been expelled nearly two hours previously. At that time I found a slight manifestation of life in the child. With a little difficulty in some eight or ten minutes I extracted the head. Life was far gone, but after the ordinary manipulations it was revived. Without further particular notice I announced a boy. Being in a hurry I left before the child was dressed. At evening, near dark, my attention was called to a deformity in the genitals of the child. On account of the great weakness and prostration of the mother and a retained placenta of four or five hours' duration, I did not scrutinize the defect, and to allay the excitement of those present, and also to assure the mother, I said, "It is all *right*; only it is a *small development*." While visiting the mother for a couple of weeks no reference was made to this part of the child. Some four weeks later I was called to the mother who had developed phlegmasia, and heard her call the child "she." I asked, "Is it a girl?" She said, "Yes; it is as much a girl as anything, so I call it 'she.' " At my visit to-day I sought an inspection, and found the following: The raphe of the perinaeum natural from the anus forward for about the usual distance in the female; then the fourchette and miniature labiæ, of four to six lines in length, could be separated so as to form about a triangle. When thus separated there was a very shallow depression or hollow. For the labia majora there was the scrotum, divided in the centre, lying at either side, containing each its natural testicle, and giving great prominence to the labia. The penis was an inch or more in length, plainly to be *felt*, and bound down by the integument of the mons and directed between the labia or bifurcated scrotum, and extending to about six lines from the fourchette. The prepuce was also divided superiorly and longitudinally, and when drawn apart with the labia exposed the glans penis. The frenum being very short, drew the orifice of the urethra very nearly into the little hollow first described. When the urine flows it passes right backward into this hollow. The anatomy of the child in other respects is correct, though the frame is rather diminutive. The father told me a few days ago that it was "smart and healthy."

## CORALLINE DENTAL PLATE.

The Secretary stated that this new dental base had been recently used by dentists as a substitute for celluloid, which it generally resembles, but it is apparently not liable, like the latter, to shrink and warp. Hence coralline seems destined to supersede celluloid for mounting artificial teeth.

## CLINICAL OBSERVATIONS BY THE SECRETARY.

1. *Furunculi*.—*Arctium lappa*: Burdock has a great reputation with many who have tried it empirically, as a remedy for boils. It is taken in the form of an infusion.

2. *Uterine Displacements*.—*Lil. tig.*<sup>6</sup>: Several patients afflicted with uterine displacements have recently expressed great satisfaction with the effects of this remedy. Symptoms: Anteversion; bearing down sensation in uterine region when standing, and sometimes when recumbent, with frequent but sometimes ineffectual urgency to urinate and defecate, and frequent inclination to press the hand against the vulva or hypogastrium for relief; dragging down sensation, extending from epigastric region towards pelvis.

3. *Scrofulous Ophthalmia*.—*Calc. jod.*<sup>30</sup>: A little girl, about three years old, light hair, blue eyes, *pale* complexion; formerly subject to profuse scalp-sweat during sleep; head not large; of scrofulous parentage; since weaning, at six months, has had scrofulous ophthalmia, principally of *one eye*, but both eyes were more or less affected; great photophobia; conjunctivitis; ophthalmia always greatly aggravated on taking the least cold, with constant reproduction of ulcers on the corneæ; *on forcing open the eyes a stream of tears flows down the cheeks*; papulæ around the eyes; finally there was an erysipelatous inflammation of the eyelids of both eyes and of the parts adjacent; a shining redness and swelling; the upper eyelids covering the lower; edges everted, and the conjunctiva excoriated by the friction of the lower eyelashes; the eyes could not be opened. *Hepar sulph.*, *Calc. c.*, and *Apis*, prescribed consecutively, ameliorated the symptoms more or less, but nothing proved curative. After exhausting other resources, *Calc. jod.*<sup>30</sup> acted promptly and magically, and in a very few days completely removed the photophobia and all traces of inflammation. Afterwards on taking a severe cold her eyes were not in the least affected, but the second attack of coryza produced a considerable ophthalmia, which *Calc. jod.* cured as quickly as at first.

The Secretary gave notice of the following proposed amendment to the Constitution of this Association:

ARTICLE VI. The following additional counties are hereby embraced within the limits of this Association: Chemung, Genesee, Hamilton, Herkimer, Monroe, Tioga, and Tompkins.

The Secretary proposed the following amendment to the By-laws, which was adopted:

SECTION 10. When, without a reasonable excuse duly rendered, members refrain from attending the regular meetings of this Association, neglect to pay their dues, and fail to participate in any manner in its proceedings, for the space of two consecutive years, the Secretary may strike from the roll of membership the names of such delinquents.

Subject appointed for discussion at the next meeting, "*Continued Fever*."

The Society then adjourned to meet on the third Thursday in March.



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SECALE CORNUTUM.\*

BY J. H. P. FROST, M D.

SOME notices of *ergot of rye*, met with in recent allopathic publications, have led me to examine all within my reach, in order to glean, if possible, something confirmatory or additional to what we have already in our *Materia Medica*. Aside from its direct clinical value, this poisonous fungus becomes one of the most interesting of all, by reason of the very extensive involuntary proving which results from its occasional consumption with food. In *wet* seasons, especially on the Continent of Europe, the grain becomes *laid*; the ergot forms in the *wheat*† as well

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\* Reprinted, by request, from No. 9, vol. i, "Homœopathic Independent;" a journal which ceased to be published at the end of vol. i, and which but few of our readers saw.

† *Ergot of Wheat*.—Dr. Jobert makes the following statements respecting this substance: 1. "The medical and obstetrical property of this ergot is as incontestable as of ergot of rye; and its effects are as prompt, as direct, and as great. 2. Its hæmostatic action appears certain. Dr. J. has administered it several times against abundant discharges of blood, and immediately after labor it has almost constantly and fully succeeded. 3. In the dose of one or two grammes (about 15 or 30 grains) according to urgency, in cases of uterine hemorrhage, during any period of pregnancy, it has frequently succeeded in lessening, if not completely arresting, the hemorrhage; and this without appearing to produce any stimulant action on the uterus."—*Gazette des Hôpitaux*, March, 1855.

as in the *rye*, and, from being imperfectly separated in grinding, poisons the food in entire districts. A widespread epidemic is thus produced, which causes either *spasmodic* affections, or *gangrene* of the *extremities*, and becomes very fatal.

M. Teste, writing, in France, some fifteen years ago, says:\* “Ergot has scarcely been used by homœopathic physicians in any other than those diseases for which it has been recommended by allopathic practitioners, namely: in *inertia of the uterus* (during labor), *retention of the placenta*, *profuse lochia*, *menorrhagia*, and *leucorrhœa*. This remark, true enough at times, perhaps, is true no longer. For, not to speak of *gangræna senilis*, the gangrene of old people,—in which it forms the most remarkable, if not the only strictly homœopathic remedy,†—this drug has proved indispensable in some forms of malignant *Cholera Asiatica*, especially in cases characterized by *constant desire to be uncovered*. This symptom alone may serve to distinguish *Secale* from *Arsenicum*—which it otherwise may greatly resemble—in extreme conditions of cholera; the former having *involuntary diarrhœa*; the latter, “*unperceived involuntary discharges of fœces*.” While even the thirst, “*unquenchable*” with *Secale*, may be *insatiable* with *Arsenicum*—but in the latter case the patient usually desires “*to drink frequently, although but little at a time*.”

But to enumerate all the different forms of disease in which this “heroic remedy” is now found useful, does not come within the scope of the present article.‡ We

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\* “Homœopathic Materia Medica,” p. 622.

† *Carbo veget.* has, “*Gangræna senilis of the toes*,” as a clinical observation; and several approximate pathogenetic symptoms.

‡ The comparative meagreness of the *Materia Medica* of the old school is well illustrated by the very scanty notice which a recent standard author makes of this drug: “Ergot of rye is a stimulant to the muscular nerves of the uterus of the female, but to no other nerves in any marked degree. Borax and Rue (*Ruta grav.*) possess a similar action, but are not so efficient.”—Headland, “Action of Medicine,” p. 261.

wish to furnish some little addition to those so fully stated by Dr. Hempel,\* and, if possible, to increase and corroborate the indications supplied by the pathogenesis of Noack and Trinks, as it now stands in the Symptomen Codex.

The opinions of the authors already referred to, respecting the "dose" of *Secale*, are here prefixed, since they deserve always to be borne in mind. Dr. H. says: "It may be given from the 200th potency down to three or five grains of the powder. I have seen marked and even painful uterine contractions take place immediately after the exhibition of the 200th potency." M. Teste says: "*Secale* is perhaps, more than any other drug, capable of showing the action of infinitesimal doses. I had charge of a lady of fifty years, fat, with soft flesh, and attacked with flooding that nothing could stop. I gave her large doses of *Secale*, without scarcely any effect. I gave her a drop of the sixth dilution, and the flooding ceased *immediately* and permanently. I repeat, that three days previous, *Secale* had been given in large doses without any result."

*Ergotism*, or the general disease caused by using ergot, as food, or in such a manner as to develop its toxicological properties, may be divided into three classes, according to the intensity of the symptoms, viz.: *neuralgic*, *spasmodic*, and *gangrenous* affections. But what we can present under these heads is by no means intended to include the entire pathogenesis of *Secale*; we can only give a bird's-eye view of a limited portion of the landscape—in the first instance from a clinical standpoint; in the second and third from a pathogenetic one.

### I. *Secale c. in Neuralgic Affections.*

Dr. E. Woakes, in a recent English publication,† records

\* Lectures on Materia Medica, vol. ii, lect. lxxxviii.

† Brit. Med. Jour., Oct. 3, 1868; reprinted in the Quarterly Journal of Psychological Med., New York, Jan., 1869, p. 186.

some interesting cases illustrative of the curative action of *Secale c.* in neuralgic affections. Although these cures were made by large doses, still, as the medicine itself was mostly uncombined, the reality of the cure and its homœopathicity are mutually apparent. Dr. W. finds certain eruptions upon the skin (rash, shingles, &c.), associated with neuralgia. The pathology of such cases he explains in the following manner: A supposed temporary suspension of the regulating influence exercised over the minute arteries by the sympathetic nerve fibres distributed to them occasions an effusion from the capillary arterial twigs, which produces a spot of herpes (or rash) upon the cuticular surface of the papilla. The mechanical pressure of the effused fluid upon the sentient fibrillæ occasions the severe pain, and gives rise to the neuralgia associated with the eruption. It was this suspended function of the nerves that the ergot was supposed to restore, so as to allow the removal of the effused fluid from its pain-causing situation, thus curing at once the rash and the neuralgia. Dr. W. reports five cases: one of severe neuralgia following shingles, one of sciatica of four months' duration, one of hemi-crania, and two of ordinary tic; in all of which a cure resulted in from four to six days after commencing with the ergot.

In the *first* case, the patient, a single woman, aged 22, had had headache six weeks, and sharp pain in the *right* side of the chest one week, after which an herpetic rash appeared beneath the *right* breast, extending backward on this side to the spine. There was also a sharp neuralgic pain, besides that below the breast, in the second *right* intercostal space. At a later date the rash was extending on the same side. The pain was very severe under the *right* breast. In the *second* case, C. L., aged 21; *sciatica*; pain in the *left* hip, shooting down the back of the leg in the course of the sciatic nerve; *worse at night*; with high-colored urine during four months. She was cured in four days. In the *third* case, E. B., aged 21; *tic douloureux*;



severe tic of the *left* side of the face, affecting especially the inferior dental nerve, and extending downward to the shoulder. In the *fourth* case, *hemiparesis*, J. F., male, aged 35, "has been repeatedly under treatment for that form of neuralgia known as brow-ague. His attacks have been cured alike by quinine and by sesquioxide of iron. Sometimes they are very severe, and the treatment long-continued. When last seen he had a very sharp attack of neuralgia in the *right* temple; after taking the ergot ("every four hours, an ounce of a mixture of two drachms of liquid extract of ergot in six ounces of infusion of ergot"), two or three days, he was cured more satisfactorily and quickly than in his former attacks." In the *fifth* case, *tic douloureux*, Miss E., aged 22, had had tic in the *left* temple, for two weeks, very severe at times. The neuralgia was relieved immediately after commencing to take the ergot ("one ounce every four hours, of a mixture containing two drachms and a half of liquid extract of ergot in eight ounces of infusion of ergot"), and it left her entirely after using it two or three days. In connection with these cases Dr. W. remarks that, when the ergot is likely to be useful, its good effects commence immediately. And in concluding the statement of these cures we would suggest that, without doubt, these cases might have been still more rapidly cured by using the homœopathic preparations of the same drug.

## II. *Secale c. in Spasmodic Affections.*

The spasmodic form of ergotism, as it appeared in some of the districts of Bohemia, in 1736, is thus described by J. A. Srine, who alone saw five hundred cases of it. "It commences with a sense of tingling or itching of the feet; severe cardialgia then came on, and the disease ascended to the hands and head. The tingling sensation, sometimes compared to the bites of ants, was followed by violent contractions of the hands and feet, affecting each particular joint, and described as resembling the pains of

dislocation. The patients complained that their *hands and feet were burnt, the body being bathed in copious sweats*. After these pains—which were intermittent, having sometimes intervals of two or three days—the sufferers were affected with drowsiness, giddiness, indistinctness of vision, and staggered in walking. Some became maniacal, some melancholy, and others comatose. Those who had reached their fifteenth year were very liable to epilepsy, and of these the greater part died. *An enormous appetite* generally accompanied this train of evils. *Spots* appeared on the feet of one, resembling the bites of fleas, which remained to the end of the eighth week. The faces of many were extensively covered with these spots. In those who recovered, the disease rarely abated before the third week, whilst in many it continued for one or two months.”

These symptoms—as well as those similar, and more fully detailed under the head of *Ergotismus Convulsivus*, in the *Symptomen Codex*\*—represent the true CEREBRO-SPINAL MENINGITIS; and suggest the inquiry, whether the sporadic and even the epidemic appearance of this disease may not, in some instances at least, be attributed to admixture of *ergot* with food; an admixture too minute to occasion a general pestilence, but capable of inducing this disease in persons most susceptible to its influence. The editor of the *Symptomen Codex*, quoting from the same author above mentioned, *Srin*, includes in this connection the very important symptom: “*Spots†* on the feet resembling the bites of fleas,” *petechiæ*. Dr. Hempel, copying the summary of Wilmer, says: “The *hands and feet* are sometimes covered with *spots* resembling flea-

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\* Vol. ii, p. 748.

† The pathology of these *spots*, and their intimate connection with failure of life-power in the minute nerve-twigs, is shown in reference to *rash and neuralgia*, in the former part of this article. The same pathological cause for these “spots” in *cerebro-spinal meningitis*, exists in a more marked degree; and renders the Secale pathogenetic symptom of “*spots*” still more valuable and characteristic.

bites.”\* These “spots” appear more frequently in the gangrenous than in the spasmodic varieties of ergotism; the former resulting from a more profound *nervous prostration*.

### III. *Secale c. in Gangrenous Affections.*

Upon this division of our subject we may be brief, since it has been quite fully set forth in our *Materia Medica*. Still some little repetition may be pardoned, for the sake of calling attention to important *characteristic indications*. The gangrenous variety of ergotism is thus described by Langius, as observed by him in Switzerland, 1715 and 1716: “After excessive lassitude, more or less protracted, and unaccompanied with fever, the extremities become painful, cold, and rigid. Benumbed, and almost insensible, the limbs were yet capable of movement, though with difficulty. The patients were afflicted with grievous internal pain, *which was greatly increased by heat*, whether of the bed or atmosphere, but *abated somewhat when exposed to a cooler temperature*, though even then it was scarcely tolerable. The pain extended by degrees from the toes to the legs and thighs, and from the fingers to the arms and shoulders; till, sphacelus supervening, the affected parts, dead and black, dropped from the trunk or the adjacent members.”

In a single case, described as having occurred in England, in 1854, of a man who finally recovered after losing both feet and nearly all his fingers, the patient complained that *heat, applied to any part of the body, aggravated his pains*. *His extreme aversion to warmth was very remarkable*. And if on a cold day any additional covering was laid upon him while sleeping, he awakened almost instantly and threw it off. He was generally found, in the coldest weather, lying in bed with only an old cloak thrown over him.†

\* Lectures on *Materia Medica*, ii, p. 351.

† A very similar aversion to being covered, and strong desire to remain in the cold—which forms a most important feature in the condition of

The *eruption* which appears on the skin in consequence of poisoning by *Secale c.* is well illustrated in this man's case of gangrenous ergotism. "It was most abundant on the knees, shoulders, elbows, and the skin covering the lines of the tibia and ulna. The face had many spots on it; they were observed on the nose, the upper part of each ear, and even on the glans penis. Indeed, no part of the body appeared to be wholly exempt from them. The eruption was accompanied by intense itching. Its duration was uncertain; sometimes disappearing in a few days, and at others continuing for many weeks. The spots generally appeared in small patches, varying in form. They differed from petechiæ in color, being of a redder tint, and were slightly elevated above the level of the skin."

The gangrene of the lower limbs, caused by ergot, may not give any perceptible fœtor until separation commences between the sound and the gangrenous portions. But the gangrene itself may be accompanied by an *excessive, offensive perspiration*.\*

It should always be borne in mind that the ergot is capable of producing gangrene in the human species months after the use of the bread that contained it has been abandoned.

A case of this kind is recorded of a girl admitted, in 1854, into a Parisian hospital, who had partaken of no injurious food for three months prior to her illness.† She

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many insane persons—will show how valuable a remedy the *Secale* may prove in such cases. That morbid state of the nervous centres which—equally in the insane and those poisoned by ergot—causes them both to dread heat and seek cold, is seen developed in a still greater degree in those not unfrequent instances in which delicate young women sleep naked on a stone floor, in a room so cold that the water is frozen—sleep thus in apparent physical impunity, and without consciousness of suffering. Such cases I have myself seen. In both cases—the one poisoned by ergot, and the other insane—there must be a similarly disorganized condition (tuberculous?) of the cerebro-spinal nervous centre. Compare Maudsley's "Physiology and Pathology of the Mind," p. 286, *et seq.*

\* Brit. Jour. Hom., Apr., 1856. † London Med. Times, March, 1854.



had lost the use of her fingers for a month previous to her admittance. "One of the last phalanges in both hands was of a deep black color; the tips of the others were purple and cold. The fingers were stiff, cold, shrivelled up, and painful to the touch; while the hands were covered here and there with *red spots*, like erysipelas. The pulse was perceptible at the wrist. The feet were swollen, but presented no signs of approaching gangrene. *Previous to the appearance of the gangrene she had been regular; but since then she had never menstruated.*"

In conclusion, we would remark that our present account of *Secale c.* may be wonderfully adapted to cases of *cerebro-spinal meningitis*; and in this sense, the whole of the present article may be regarded as supplementary to our previous one on that disease.

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## CLINICAL CASES.

### SILICIA IN WHITLOW.

MR. JOSEPH E. WILLARD, of Oswego Falls, came to me in August last, with a sort of subcutaneous whitlow of the right forefinger.

The finger was swollen, red, and on its dorsum a large collection of pus beneath the skin. The sensations were burning, itching, stinging, aching.

Gave him two doses of *Sil.<sup>5m</sup>*. He came around in five days, entirely cured, and feeling materially better than before. Said he had not felt so well for months. Before, every little injury caused ulceration.

T. D. Stow.

### SILICIA IN FISTULA IN ANO (?).

Mrs. Broadwell, of Oswego Falls, complained of pain of an aching, beating, throbbing kind, in the lumbosacral region, together with an occasional tumefaction of the perineum, and subsequent pointing of the tumefaction

and discharge of blood and pus. She had constipation, of many years' standing; the stools would, at times, slip back after much effort. Her anxiety was great. I pronounced it fistula in ano, without an examination, which she could not listen to. I gave six powders of *Silicia*<sup>5m</sup>, and plenty of *Saccharum lactis* to follow. She pronounced herself nearly or quite cured the last time I saw her.

T. D. Stow.

## OVARIAN HERNIA.

TRANSLATED BY S. LILIENTHAL, M.D.

DR. JOSEF ENGLISH reports in the *Wiener Jahrbücher*, 3 Heft, three cases of hernia of the ovaries, and adds the following remarks:

Excluding those cases where with the ovaries the uterus also prolapsed, he found in the journals thirty-eight cases recorded, of which twenty-seven were *herniæ inguinales*, nine *herniæ crurales*, and one each through the *foramen ischiaticum* and *obturatorium*.

In a third of the inguinal *herniæ* the affection was on both sides. Half of the cases were *adnatæ*. All seventeen *adnatæ herniæ ovariorum* were inguinal *herniæ*, and on both sides; from which we may conclude that the innate ovarian *herniæ* owe their origin to an abnormal descent, finding its perfect analogy in the normal descent in the male. Ovarian hernia is also frequently combined with other anomalies of formation in the female sexual organs. For ovarian *herniæ* appearing at a later time, we must accept a certain disposition, consisting in too great a length of the *ligamentum ovarii*, declination of the uterus, or of the pelvis, &c.

In the *hernia adnata* we mostly find ovary and tube; whereas, in the acquired, the ovary alone passes out at a given cause. The uterine end of the prolapsed tube was in most cases obliterated.

The prolapsed ovary was in fifteen cases normal; in seventeen, inflamed; in five, like a cyst; and in one, cancerous. With the ovary, intestine and omentum were prolapsed in five cases.

We divide such herniæ into *hernia ovaria simplex*, *libera inflammata*, *incarcerata*, and *hernia ovarii complicata*.

The form of an ovarian hernia is mostly pyriform; the part lying near the abdominal opening extremely thin. This disproportion between the contents and the neck of the sac appears more clearly during the degeneration of the ovary. Neither the form nor the consistency of the ovary gives us any diagnostic symptoms, and it cannot be proved that the sensation is similar to that of pressure of the testicle. Some observers say that the pain at pressure radiates to the navel, and may sometimes produce uterine colic and pains in the external genitals. The normal ovary is always sensitive.

Of fifteen herniæ *adnatæ* thirteen could not be returned; whereas the taxis succeeded in twelve out of fifteen acquired ovarian herniæ.

Pains may sometimes arise by tugging at the uterus, when the patient tries to lie on the side opposite to the hernia. In unilateral ovarian hernia the uterus is inclined to the diseased side.

Of great importance for the diagnosis are the symptoms which menstruation gives us. In some cases, where also the uterus was missing, such symptoms were absent. Already, before the menstrual discharge sets in, pains arise in the tumor, which increases in size. In some cases eructations and vomiting set in, which might be taken for incarceration. The prolapsed ovary sometimes is sensitive at every menstrual period, or remained unchanged at irregular intervals. During pregnancy such symptoms disappeared in the solitary case observed.

Inflammation of the prolapsed ovary either sets in during the menses, or from traumatic causes; but we must remark that, also in omental and intestinal herniæ, the time of incarceration frequently coincides with the menstruation, for the congestion during the menses radiates to the peritoneum, and may, in suitable cases, produce all the manifestations of incarceration.

When a cystic degenerated ovary mortifies, it might be mistaken for a gangrenous intestine. The vomiting, which frequently accompanies the inflammation of a prolapsed ovary, may be laid to a sympathetic affection of the intestinal tube; although Mulert thinks that it may be caused by the pressure of an overlying intestine on the tense edge of the *ligamentum latum*.

In inflammation of the ovary the abdomen is less bloated, and the features less sunken in, than in intestinal incarceration.

An abscess of the prolapsed ovary only rarely opens into the abdominal cavity. If, with the ovary, some intestine becomes incarcerated, the symptoms are far worse. The symptoms of constipation may give us some clue, but the diagnosis will be difficult.

Of twenty cases with symptoms of incarceration, only seven were accurately diagnosed; whereas, in all others, only after opening the hernial sac was the ovarium recognized. Prognosis is favorable *quoad vitam*, but unfavorable for the function of the organ, and reposition must be therefore tried with the same rules as for other herniæ. If irreducible, a hollow truss may be recommended. When the swelling is very painful, extirpation of the ovary is indicated. In traumatic inflammation, cloths wrung out of cold water, and rest, are indicated; menstrual inflammation needs moist heat and rest. Where an abscess forms, it must be opened with a large incision.

Half of the patients succumbed to subperitoneal supuration where the irreducible ovary was extirpated.

### PITTSBURG HOSPITAL CASES.

*Fracture of the Tibia and Fibula—Fracture of the Patella—  
Caries of the Femur—Caries of the Ankle and Tarsal  
Bones—Re-amputation of the Arm.*

REPORTED BY J. H. McCLELLAND, M.D.

At a regular meeting of the Medical Board of the Homœopathic Hospital and Dispensary of Pittsburg, Dr. Burgher offered the following resolution, viz.: "That the physician and surgeon in service at the time of such meeting, report such cases as are of special interest, and that the Secretary of the Board forward the same to the *Hahnemannian Monthly* for publication."

In pursuance of the above, Dr. McClelland remarked that, owing to the lateness of the hour, he would call the attention of the Board to but a few cases, leaving to Dr. Burgher, who was about to succeed him as surgeon in charge, the proper inauguration of the system of regular reports.



CASE I. *Fracture of the Tibia and Fibula.*—Patrick D., æt. 30. This case came to me from my predecessor, Dr. Willard, and was in the hospital three weeks previous to my service.

He was admitted suffering with comminuted fracture of the tibia and fibula at the lower third. The case was doing finely, and I only refer to it in order to call your attention to the plaster of Paris dressing.

The leg had been in binders' board splints up to this time; the swelling had all disappeared, and the bones were in good shape, but, in order to let the man get up, I applied a plaster dressing in the following manner:

An ordinary roller was first applied, then a bandage, into whose meshes the plaster of Paris was well rubbed, was applied from the toes up. This was now moistened with water, and a second one applied in the same way. The advantage was this: The plaster set at once, making a hard, immovable, yet comfortable dressing, becoming so while holding it in proper position. The man was able to get on his crutches the same day, and the case progressed to a favorable termination, receiving an occasional dose of Calc. phos.<sup>200</sup>.

CASE II. *Fracture of the Patella.*—Willington C., æt. 45. This case also remained from Dr. Willard's term. This man was suffering with fracture of the patella, which was twice broken before. The former fractures were at the same place, across the upper third, and there is cartilaginous union, with three-fourths of an inch separation of the fragments. This fracture was below the others, and was separated half an inch. With a straight splint, and adhesive strips, the fragments were approximated as much as possible. These were removed and a plaster of Paris bandage applied.

Cartilaginous union is all that is to be expected. R. Calc. phos.<sup>200</sup>.

CASE III. *Caries of the Femur.*—Frank M. G. For a long time there has been an offensive discharge from several fistulous openings on the inside of the thigh, lower third. The probe revealed caries. The patient was kept on Silic<sup>200</sup>, one dose a day for a week, and then an incision about six inches long was made down to the carious bone. The carious surface extended nearly around the bone, and

for several inches along the shaft. It was scraped and chiselled off thoroughly and the wound closed. Arnica was given for a day or two, and then Silic.<sup>200</sup>, one dose a day. In about four weeks the wound was healed, except at the lower corner, where there was a very slight discharge of healthy pus. The man left the hospital feeling no soreness about the bone.

CASE IV. *Abscess of the Ankle and Foot with Caries.*—John McD., æt. 34. History: Seven weeks prior to his admission, this man was sitting on the bank of a river, on a very warm day, with his feet hanging in the water. The next day the glands of his neck became swollen, and remained so but a few days. A large abscess then formed on the inside of right thigh, and at the same time the left ankle and foot swelled up, with formation of pus.

Present condition: The abscess in the thigh is still discharging, and from five or six fistulous openings in the ankle and foot a large quantity of unhealthy pus is being discharged. The foot is enormously swollen and distorted. The general health is greatly impaired; hectic fever; pulse 130; appetite poor. The opinion was generally expressed that amputation would be the probable result.

The openings were enlarged by free incisions to allow the better escape of pus. The internal malleolus was found to be carious, and the tarsal bones gave evidence of being similarly affected.

R. Silic.<sup>200</sup>, one dose a day, and apply warm poultices of linseed meal.

In two weeks there was marked improvement in the diseased member, and also in the general health. The abscess in the thigh had closed.

R. Silic.<sup>6m</sup> one dose.

In four weeks more the swelling was almost gone and the discharge had ceased. There was, however, but slight motion in the ankle-joint. This was gradually improved, and when the man left the hospital several weeks later he could walk with a cane. It will probably be two or three months before he regains full use of the foot: a much better result than was expected when he entered the ward.

CASE V. *Reamputation of the Arm.*—Miss Mary M., æt. 20, November 5, 1872. This lady resides about seventy

miles from the city, and was admitted as a private patient. History: A year ago she was thrown from a buggy, striking on her elbow and producing dislocation, with injury of the soft parts. An old school physician was called, who made an examination and then left. Returning shortly after with his brother, he put her under an anæsthetic, and amputated at the lower third of the humerus.

Neither herself nor her relatives knew anything of his intentions until the work was done. The bones were brought to this city and examined by our most noted old school surgeon, who gave a written opinion that they were not injured in the slightest, and that there was no occasion for amputation.

There have been pains in the stump ever since, and a discharge of pus most of the time from a small fistulous opening at the end of the stump. The pains were sometimes excessive and passed along the ulnar nerve, not stopping at the extremity of the stump, but continuing into the little and ring fingers, as though the arm still remained. It is well known that these sensory hallucinations remain in the majority of cases after the removal of a limb (especially the arm), but they are not always painful, and gradually disappear.

In this case the ulnar nerve was sensitive to the slightest pressure, especially at the end. Believing the extremity of the nerve to be neuromatous, with probable sclerosis, I proposed as a primary operation the excision of a portion of it, and if this did not succeed, to reamputate a portion of the stump.

November 6th. With the assistance of the hospital staff, the patient was placed under ether, and an incision about four inches long was made in the course of the nerve to the point of the stump. The end of the nerve was found imbedded in connective tissue with a neuromatous formation about the size of a chestnut. For some distance the nerve was nearly double its normal size, and was evidently sclerosed from subacute neuritis.

About an inch and a quarter was excised, and great confidence was expressed that relief of all unpleasant symptoms would follow.

The wound healed rather slowly, but at the end of the month (Dec. 5th) it was entirely closed, and yet the relief afforded was but slight.

January 6th. Readmitted. There is more soreness at

the end of the bone, and pains and soreness continue in the stump.

The patient was again anæsthetized, and by a free incision the whole extremity of the stump was opened up; another bulbous nerve was found, and excised; the end of the bone was slightly carious, and about three-fourths of an inch was sawed off, all of the old cicatricial tissue was carefully removed, and the wound closed.

Three weeks have now elapsed, the stump has nearly healed, the pains and soreness are almost gone, and the general health of the patient is much improved.

*Fracture of Tibia—Abscess of the Abdominal Paries—Luxation of Hip—Secondary Amputation of the Thigh, &c., &c.*

HOMŒOPATHIC HOSPITAL, PITTSBURG, Dec. 31, 1872.

Regular meeting of the Medical Board. After the transaction of some formal business, Dr. J. C. Burgher, surgeon in charge for the current term, made a report of the following cases as possessing points of interest:

CASE I. *Fracture of Tibia.*—Mr. M., æt. 27, occupation boilermaker, was admitted to the hospital Nov. 1, 1872. History: On the 28th ult., while wrestling with a comrade, the left tibia was fractured. On admission, the leg was much swollen, but an oblique fracture of the lower third of tibia was easily diagnosed. The fracture reduced; extension applied; the limb bathed with a solution of arnica, and sand-bags placed at the sides.

Nov. 4. Swelling much reduced; leg bandaged, and Day's ankle-splints applied.

Nov. 13. Dressings removed. Swelling very slight. No appearance of union; applied a plaster of Paris splint. R<sub>y</sub>. Calc. phos.<sup>200</sup>, one dose.

Nov. 17. Leg feels very comfortable; goes about the ward on crutches. This patient progressed very satisfactorily, and left the hospital on the 16th of December, with a straight and sound limb.

CASE II. *Abscess of the Abdominal Paries.*—Mrs. W., æt. 18, was admitted to the hospital Nov. 5, 1872.

History: Some six weeks ago, she experienced a dull pain in the left hypochondriac region, extending towards



the back, with swelling and tenderness. She was under "old school" treatment up to date of admission. She says she has been "cupped and blistered, and has taken a great deal of morphine." Her physicians (for she had two) told her she had "liver complaint."

Present condition: The pain continues unabated and the swelling undiminished. She is compelled to lie on her back and keep the thigh and leg flexed. She has a bed-sore over the sacrum. She has a dry, hacking cough, thirst, occasional slight chills, perspiration copious but not constant, poor appetite, and has eight or more thin, yellow-colored stools during twenty-four hours. She has not been able to sleep except when under the influence of a narcotic. Pulse 90, and feeble. No pointing or fluctuation of the tumefaction.

Bed-sore to be dressed with simple cerate, a warm linseed-meal poultice to be applied to swelling, and *R. Hepar. s.*<sup>30</sup>, four hours.

Nov. 6. Rested better last night. Stools less frequent. Continued.

Nov. 7. About the same. Continued.

Nov. 8. Slept better last night. Bowels in a better condition. Pain in side and back less. Continued.

Nov. 9. Diarrhœa much better. Swelling, pain, and other symptoms much the same. Opened abscess by a free incision along the outer border of the latissimus dorsi, about two inches above the crest of the ilium, from which about three pints of pus were discharged, with great relief to the patient and satisfaction to the operator. *R. Hep. s.*<sup>30</sup>. Continued.

Nov. 10. Slept well last night. Is free from pain. Appetite returning. No stool since yesterday. Free discharge from abscess. Continued.

Nov. 11. Cough troublesome last night, preventing sleep. Soreness over abscess, which is discharging. Continued.

Nov. 12. Discharge continues. Swelling has disappeared. Continued.

Nov. 13. Feels much better. Continued.

Nov. 14. Slept well last night; bowels regular; no discharge from abscess; appetite fair; pulse 78; discontinue medicine.

Nov. 15. Improving rapidly; is able to sit up and walk about.

Nov. 16. Good appetite ; feels strong, and thinks she is well enough to go home ; free from cough and pain.

Nov. 17. Left for home ; convalescent.

CASE III. *Luxation of Hip*.—Mr. McM., æt. 32, stone-cutter by occupation, was brought to hospital Nov. 6, 1872. History : The accident happened two days ago, at a stone quarry, near Wellsburg, West Virginia, in the following manner : The patient was standing on a wall about ten feet high, while a large stone was being hoisted by means of a derrick. The guide-rope broke, and as the crane swung round towards him, he reached out his arms to check it and was thrown, first astride the wall and thence to the ground. Two old school physicians were called to attend the case, and after several hours trial with the aid of ropes and pulleys, were unsuccessful in their efforts to reduce the dislocation. On admission to the hospital, an examination revealed a luxation of the left hip, upwards and backwards upon the dorsum ilii. The limb was shortened about one inch and a half, the thigh rotated inwards, adducted and partly flexed upon the pelvis, the knee resting on the right thigh, and the toes pointing to the instep of the right foot. With as little delay as possible the patient was undressed and placed on his back on a low bed, and with the assistance of Dr. McClelland, after a few minutes' inhalation of ether, chloroform was substituted to complete anæsthesia, when the reduction was speedily accomplished by the following manipulation : The ankle of the dislocated limb was grasped with the right, and the knee with the left hand, the leg flexed on the thigh and the thigh on the abdomen in the direction it inclined to take, the thigh gently rotated outwards by inclining the foot downwards and the knee outwards, and at the same time abducting the thigh ; then the thigh was well flexed upon the pelvis by raising the knee upwards toward the face of the patient, and with a quick, gentle motion, increasing the abduction of the limb, the head of the femur slipped into its socket. A spica bandage was now applied around the thigh and pelvis, and rest in the recumbent position enjoined. R. Arn.<sup>sm</sup> every four hours.

The patient recovered the use of his limb rapidly, and left the hospital the seventh day after his admission, loud in his praise of the institution and the skill of its surgeons.

CASE IV. *Secondary Amputation of the Thigh.*—Mr. B., æt. 30, telegraph operator, was admitted to hospital Dec. 12, 1872. History: The accident happened at Youngstown, Ohio, on Oct. 2, 1871. He accidentally fell into an ash-pit of a blast furnace, with the right lower limb resting on a bed of red-hot cinders. Before he could be extricated, his limb was burned on the front and outer sides from the foot to the middle of the thigh, consuming the flesh and leaving the greater part of the front and outer sides of tibia and patella bare, with the periosteum destroyed. About six months after the accident, three physicians of the place were called in consultation, with the view of removing the limb; but decided that the patient was too much reduced to undergo the operation. Condition on admission to hospital: The outer side of the limb from the lower third of leg to three inches above the knee, and from the middle antero-posterior diameter of the leg to the crest of the tibia (say fully three inches in width), secreting large quantities of offensive pus, requiring frequent dressing and the use of disinfectants to render the odor tolerable. Several spiculæ of bone have been detached and thrown off from tibia, one three inches long, and two-thirds of the patella gone; partial ankylosis of the knee and ankle joints, the foot and toes drawn downwards, forming a semicircle. The limb is painful and for the purpose of locomotion useless. The general health is much impaired and the mind greatly depressed.

A consultation of the members of the surgical staff was called, and resulted in a recommendation of the "knife and saw."

Dec. 19, 10½ A.M. The patient was put in an anæsthetic state by the inhalation of sulphuric ether for a few minutes and then chloroform, and the thigh amputated at its lower third, by the antero-posterior flap operation. The femoral artery and four small branches were tied with carbolized silk ligatures, the flaps brought together and retained by silver wire sutures. A Maltese cross composed of two thicknesses of old muslin, saturated with carbolized linseed oil, applied to the stump, and retained by a few turns of the roller, completed the dressing. The members of the hospital staff were present, and rendered me the necessary assistance. Patient to take China every two hours.

Dec. 20. Has suffered but very little from pain; had

some nausea last night; feels quite comfortable to-day; some fever. *R.* Acon. 6th, every three hours.

Dec. 21. Slept well last night; no fever; some appetite; stump feels comfortable. *R.* Staph. 6th, every four hours.

Dec. 22. Redressed stump, which looks well. Continued.

Dec. 23. Very little pain in stump; appetite improving. Continued.

Dec. 24. Patient in good spirits, and feeling very comfortable. Continue Staph. 6th, three times a day.

Dec. 25. Redressed stump and removed all the ligatures except that of the femoral. Continued.

Dec. 26. Patient has a good appetite, and feels very comfortable. Continued.

Dec. 27. Improving; very little soreness or swelling of stump. Continued.

Dec. 28. Redressed stump; greater portion of flaps united by primary union; removed several stitches.

Dec. 29. Redressed stump and removed the ligature of femoral artery.

Slight suppuration from two or three points, but healing rapidly. Continued.

Dec. 30. Doing well. Continued.

Dec. 31. Doing well. Discontinue medicine.

This patient is progressing rapidly, and will have use for his crutches again in a very few days.

Some dozen other cases of more or less interest have come under my care since our last meeting, but I will merely mention them without giving details. Two cases of severe and extensive burns, two of abscess, one of inguinal hernia, two or three injuries by accident, two of ophthalmia, two of orchitis, and one or two which were doubtless due to imprudence which I need not name.

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## EDITORIAL NOTES.

PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY.—We call attention to the report of the proceedings of this Society, published in this number. The meeting was well attended, and perfectly harmonious; but little *business* was transacted, and the greater part of the sessions was spent in discussing medical and surgical subjects. Many valuable papers were presented, some of which will shortly appear in this journal. The address of Dr. Moore was an able and earnest effort in behalf of



homœopathy, and presented the subject in accordance with modern scientific thought. It would be a good campaign document for our system amongst the educated laity. Copies of this address can be obtained at either of the Philadelphia pharmacies, at twenty-five cents each. The next meeting of the Society will be held in October; at which time the weather is pleasanter and physicians can leave their business with less difficulty than in the winter months.

**HOMŒOPATHY IN ST. LOUIS.**—The Board of Health of St. Louis, Mo., has granted to the faculty of the Homœopathic Medical College of Missouri, the privilege of taking the students of that college, one day in each week, through the wards of the City Hospital, for clinical instruction. Prof. E. C. Franklin writes us in this connection, as follows: "The faculty have appointed me to lecture in the hospital every Wednesday, from 11 to 1 o'clock, and I have already delivered two lectures in the amphitheatre. This is, I believe, the first time that our system has had an official recognition in our public eleemosynary institutions, and I shall improve the opportunity to accomplish all the good I can for our students." This is simply an act of tardy justice on the part of the Board, and is incomplete at that, inasmuch as that City Hospital is supported in part by the money of men who would consider themselves poisoned if subjected to allopathic treatment. Nevertheless, we congratulate our St. Louis friends on thus entering the edge of their wedge; and we believe Dr. Franklin is just the man to make the most of the opportunity. But we should look to ourselves for hospitals. Let the profession take example by Pittsburg, where a handful of homœopaths, earnest and devoted, have set up a hospital, which flourishes more and more every year of its existence; or to Boston, where another little band, overcoming all opposition from within and from without, in the dark hour which threatened disaster to the cause, turned apparently inevitable defeat into a glorious victory, and have established, and are conducting, an excellent hospital, and have an endowment fund of one hundred thousand dollars for its support and extension.

**PULTE MEDICAL COLLEGE.**—The commencement exercises of this institution were held at Brock's Hall, on the evening of February 13th. After prayer by the Rev. Dr. Moore, and an address by Rev. Isaac Errett, the degree of the College was conferred on the following graduates, by the President, Hon. Bellamy Storer: H. F. Baker, O.; George C. Garretson, O.; W. E. Greene, M.D., O.; L. Judson Hunt, O.; George D. Jenney, O.; J. H. Lucas, O.; H. G. Linn, O.; R. Dorsey Poole, M.D., Ky.; E. H. Price, Tenn.; T. J. Williamson, O.—10.

The address of the undergraduates was given by Charles S. Williams, and of the graduates by Henry F. Baker. The Hahnemannian Diploma was conferred by Professor M. H. Slosson. After the commencement exercises were completed, the company partook of a bounteous feast, at which a number of speeches were made in response to various toasts.

Thus the Pulte College is inaugurated. We are pained to learn that the venerable Dr. Pulte is very ill, and scarcely expected to recover.

**NEW HOMŒOPATHIC MEDICAL JOURNALS.**—It is rumored that a new journal is shortly to appear in New York, and some good men have been mentioned in connection with the project. The *Cincinnati Medical Advance* will also shortly put in an appearance in the field of medical journalism, we suppose as the organ of Pulte Medical College. We shall welcome these and all other journalistic ventures. The "survival of the fittest" is generally the rule with such publications, and so there cannot be too many. We suppose the *Advance* will be in charge of Brother Wilson, in which case it will be likely to survive.

**MORTUARY EXPERIENCE.**—The recently published mortuary experience of the Homœopathic Mutual Life Insurance Company of New York is decidedly favorable to homœopathy as a life preserver. From July 18th, 1868, to December 31st, 1872, there were 25 deaths among 3860 persons insured as having homœopathic treatment, and 25 deaths among 1239 insured as having allopathic treatment when sick. Such experience as this helps to demonstrate the superiority of homœopathic treatment over allopathic in a practical and taking way. We have it from reliable authority that the indefatigable vice-president of this Company, Dr. E. M. Kellogg, will shortly publish the results of a search of the death records of another of our large cities, but in a manner much more comprehensive than that followed in collating the New York vital statistics.

**HOMŒOPATHY IN MASSACHUSETTS.**—The Supreme Court of Massachusetts, to whom was referred the injunction granted to restrain the Massachusetts Medical Society from expelling its members because they practiced homœopathy, have decided that the Society has a right to make and execute its own laws, and have dissolved the injunction. This throws the homœopaths back upon the Board of Trial, and leaves them to the tender mercy of that august body, which made itself a laughing-stock. The legal mind is a peculiar one, and the judicial mind is as uncertain as the mysterious flea; but to one acquainted with the objects of the Society and its charter, this decision appears as an exceedingly curious example of judicial obliquity of mental vision. There is no appeal from it, however, and, while the homœopaths care nothing for the Association, and have reaped such an abundant harvest from its silly persecution, there is nothing for them to do but engage the enemy bravely and go down with their colors flying. That they will do this, no one who is acquainted with their pluck and energy will doubt.

THE publication of the lengthy report of the meeting of the Pennsylvania Medical Society has excluded a number of very excellent papers on a variety of subjects, as well as some important book notices; but it is hoped that the discussions of the Society will be received as ample compensation.

## HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

### FIRST DAY.—MORNING SESSION.

THE Society was called to order, at 10 o'clock, by the President, Bushrod W. James, M.D., of Philadelphia, who opened the proceedings by the following address, his subject being "The Annihilation of Diseases:"

**FELLOW-MEMBERS OF THE SOCIETY:** Another year of prosperity to our system of medicine and to our organization has rolled around, and we are assembled again to compare our experiences, to hear reports from the various bureaus, county societies, and members, to discuss matters of general welfare to sick and suffering humanity, and to propose further measures for the advancement of medical science, and the means to be adopted for still greater medical reform.

We live in the age of progress, and we must act and work individually as becomes "live" men, and collectively as a vigorous body of scientific explorers.

The science and art of medicine has passed through its dark and barbarous ages, and is now really in the middle ages of more refined skill and of progress; and ere many more years shall roll around, we hope it will be a complete and perfect science and art, when it shall become a conqueror of all the various forms of disease now known; when no malady shall be deemed incurable, no disease be regarded as necessarily fatal; when all doubt in medicine shall be dispelled; when confidence in it, and esteem for it, shall be established, and quackery expire of marasmus or starvation.

Neither the self-styled regular school of medicine, with all its accumulated store of three thousand years of knowledge, experience, and experimentation, nor Homœopathy, with about sixty-three years of medical reformation, have, so far as I know, as yet arrived at the proper method of saving in the aggregate human life, or in curtailing suffering among accumulated population, by preventing humanity from having or being susceptible to disease, or by directly abolishing the diseases themselves.

What disease has ever yet been blotted out of existence? What malady that existed three thousand years ago is there not now found to be prevailing as fatally as then? while the number has largely increased, and some of them have become much more prevalent and fatal. The rapid increase of population, it is probable, has alone saved the human race from gradually fading from the earth.

We must utterly destroy the miasmatic poisons, or specific animal and vegetable morbid agents that produce these different diseases, or no progress will ever be made in the right direction. Destroy the poisons of the typhous type, and one grand step will be made. Annihilate the miasm of cholera, and destroy the generating source of this miasm at the delta of the Ganges and elsewhere, once effectually over the globe, and a second step will be made. Then cast into oblivion the contagious elements of variola, and another step will be made; and so on as the

different maladies are swept away, other progressive footprints will be made upon the history of medicine.

These may be non-professional ideas, but a man can afford to be heretical upon a subject in which so comparatively little real visible progress has been made. Physicians are battling disease with the small end of the club, while they hold the large unwieldy butt. Now it is time to reverse the weapon, and strike more weighty blows.

Let contagious and epidemic diseases be once obliterated, and we shall then have the science of medicine laying down such laws for humanity to follow, that to disobey them will be an act of suicide upon the part of the disobedient.

Preventive medicine, as generally construed, is a very laudable mode of practice; it is the damming back of the destructive malady, preventing it from spreading further among other human beings. But I urge that the profession shall no longer rest satisfied with the old-time methods and forms of prevention, but go more thoroughly to work to dry up the fountain of disease; in other words, kill the causes, annihilate the prime disease-producing elements, so that none of its germs will lurk around, ready to develop and reproduce the disease as predispositions arise.

For instance, take small-pox, which is prevented by vaccination, or the ordinary scarlatina, which is prevented by small doses of belladonna. These are both examples of preventive or prophylactic practice. You here modify or ward off the disease by placing the system of the individual to be protected under the influence of another agent. Now, if we were able to destroy the contagious poison itself, as it is generated or thrown off from the afflicted sufferer, would it not be a much more effective kind of prevention; and not only so, but were we able to detect and destroy all such germs or seeds of poison, as well as the poisons wherever they exist, would we not soon arrive at the perfection of preventive medicine?

Preventive medicine, as now understood, means little more than *modifying* the disease. A curious proof of the modifying influence and lessening of the death-rate in preventive medicine in small-pox, is found in the observations of Professor Haughton, of Ireland, who, on learning how many small-pox cases had been treated, and how many had died in any given epidemic of the malady, can, with almost unerring certainty, tell how many of the number had been vaccinated, and how many had not. He found, by accurate observation, that a vaccinated person has ten chances of recovery from variola where an unvaccinated individual has but one. A brief quotation will be of interest on this point:

"Prof. Haughton learning that in a given hospital in Dublin so many cases of small-pox had been treated, of which number so many had died, calculated that 120 of the cases treated had not been vaccinated. Writing this to the physician in charge, that gentleman consults the records, and finds that 119 were recorded not vaccinated."

And again, obtaining the small-pox statistics of Birmingham, Prof. Haughton computes from the following naked figures a like marvellously



accurate result: 1911 cases of small-pox treated, 262 of which died. Prof. Haughton, having only these two factors, says at once: "Of the 1911 cases, 230 had never been vaccinated. Subsequent research revealed that 209 of the 1911 cases were certainly non-vaccinated, and 44 were doubtful. Assuming half the doubtful as non-vaccinated, the total non-vaccinated made 231 as against the Professor's 230.

As with Dublin and Birmingham, so with Liverpool; and now for the explanation. The Professor has ascertained, that of every 100 non-vaccinated persons attacked by small-pox, 66 died; while of every 100 vaccinated persons so attacked, only  $6\frac{6}{10}$  died. Giving the total numbers of persons attacked, and the total deaths, it requires no magic to tell how many of the total number were, and how many were not, vaccinated.

Do not misconstrue my meaning and my view.

I do not wish to stop the *cure* of disease, or the modification of disease by preventive and prophylactic measures, nor do I say that medical science is to be abandoned now; but I do claim that in the future the annihilation of special diseases, and of whole classes of maladies, ought to progress so far that little or no curing will be required, and the medical talent of the world will be turned largely in the direction of completely preventing disease, and of driving its various forms out of existence.

But it may be urged that there are natural laws of decay and destruction, and that mankind, for illustration, is like a fruit tree which bears some fruit that is puny and sickly, and that drops early, some at one stage of growth and some at another, while others will be perfect and sound and drop only when fully matured by age.

Of course these laws are in operation, not only in the human race but in all the varieties of animal life; and their effects vary in different individuals according to the vigor of the constitution. Still there are diseases which make inroads upon the most vigorous individuals, and even upon masses of healthy humanity, and either sweep them out of earthly existence or impair their strength and vigor for life. These are the morbid enemies we should war against, and, if possible, annihilate.

Should the theory of spontaneous generation of diseases be correct, it may be thought that such views would conflict with it; but nay, this would only involve the constant discovery of agents to destroy the newly generated poisons and miasms as they come into existence.

The daily weather reports from the Signal Service bureau at Washington, I regard as a valuable aid both to practitioners and to the people at large, as a warning to the delicate and sick against approaching changes of atmospheric conditions and temperatures, and the baneful influences of these variations, which are now foretold with tolerable accuracy by this wonderful system of observing the weather all over the country, and the advancing currents of air and their respective temperatures.

But this valuable service needs to progress still further. We must

know the electrical conditions of the atmosphere as well as the temperature and storm, and all at the same time, and then we must know the mortality from prevailing diseases in different cities at corresponding hours of the day and night, as well as what affections are prevailing, and how the changes of moisture, or temperature, or electrical state, or relative proportion of oxygen in the air affect both sick and well humanity, in making the former better or worse or in producing maladies in the latter.

Physicians will be obliged to diagnose their cases accurately, and daily records will have to be kept, and reports made not only of deaths, but also of the different diseases under treatment. Such a system of observations, properly made under the authority of the National government, could not fail of yielding most glorious results to our nation and people. When this is perfected we can ascertain just how climates and climatic influences affect the various prevalent maladies, and a certainty will be established in this direction where great uncertainty now exists.

We shall then be able to announce the approach of diseases, and to compute their speed of travel, and thus throw a safeguard to the unwary, tell them of coming epidemics, and instruct them how to avert them, until such future era shall arrive in which we shall have exterminated the various maladies.

Our nation is an aggregation of individuals, and the government is administered by a few who are sent by authority of the masses to make and enforce laws for the general welfare of all. Hence such a measure should find no opposition to its adoption, for the nation's destiny and power depend upon the good health and vigor of its subjects.

We are, gentleman, but a State organization, I know, but may we not as a body put forth our energies toward the complete conquest and annihilation of disease? This I regard as in our line of duty as medical men. So let us onward to its accomplishment despite the opposition of all enemies and the sneers of those who decry all new projects.

The roll was then called and the addresses of members corrected. Physicians were found to be in attendance from the following counties, viz.: Adams, Alleghany, Berks, Chester, Cumberland, Dauphin, Fayette, Lycoming, Mifflin, Montgomery, Philadelphia, and York.

The following physicians were proposed for membership, and the proposals were, under the rules, referred to the Board of Censors:

Matthew S. Williamson, M.D., Philadelphia; Emanuel M. Scheurer, M.D., Clearfield; John G. Houard, M.D., Philadelphia; J. Stuart Leech, M.D., Downingtown; C. W. Hoyt, M.D., Sharon; Edward N. Harpel, M.D., Shenandoah; J. Grant Gilchrist, M.D., Tidoute; M. Joseph Koenig, M.D., Jersey Shore; I. Elmer Cook, M.D., Harrisburg; Benjamin Becker, M.D., Pottsville; Charles T. Roseberry, M.D., Easton; Walter F. Edmundson, M.D., Alleghany City; Charles F. Bingham, M.D., Pittsburg; C. D. Herron, M.D., Pittsburg; Henry W. Fulton, M.D., Pittsburg; Isaac Lefever, M.D., Harrisburg; George C. McDer-

mott, M.D., Warren; Ignatius Brugger, M.D., Lewisburg; Peter S. Duff, M.D., Coyleville; Sarah T. Rogers, M.D., Philadelphia.

In the absence of Drs. H. N. Martin and W. D. Hall, members of the Board of Censors, the President appointed Drs. D. Cowley and C. J. Weistling, to fill the vacancies.

The report of the Treasurer, Dr. O. B. Gause, was presented, and on motion accepted.

The President appointed as a committee to audit the accounts and vouchers of the Treasurer, Drs. H. R. Fetterhoff and H. H. Hoffman.

DR. H. R. FETTERHOFF reported on behalf of the delegates to the American Institute of Homœopathy.

DR. R. J. McCLATCHEY reported on behalf of the delegates to the New Jersey State Medical Society, that that Society is in a prosperous condition, and that Homœopathy is making rapid progress in the State.

DR. COWLEY, the delegate to the State Society of California, said that he had not attended the meeting of that body and could present no report.

DR. J. C. BURGHER urged that whenever it is not practicable for the delegates to attend the sessions of the society to which they are appointed, they should at least forward a report of our own society, and also secure if possible a report from the corresponding body, to be incorporated in our transactions.

DR. DUDLEY: "If I am correctly informed, the Massachusetts State Society has adopted a rule requiring of delegates the performance of the duty just urged by Dr. Burgher."

The Committee on Charter asked leave to defer the presentation of their report until the second day of the session.

DR. R. J. McCLATCHEY, for Committee on Publication, reported that they had fulfilled the duties of their appointment as well as the limited means at their disposal would admit; and gave notice of his intention to introduce a resolution to increase the dues of members, and thus extend the usefulness of the Society.

The Alleghany County Medical Society reported through Dr. D. Cowley.

The Dauphin County Society reported through Dr. M. Friese. The Cumberland Valley Society through Dr. Fetterhoff. The Society of Chester, Delaware, and Montgomery Counties, through Dr. M. Preston, and the Philadelphia County Society through Dr. R. J. McClatchey. These reports indicate a flourishing and encouraging condition of all these societies.

The auditors reported that they had examined the Treasurer's accounts and vouchers and found them correct. The report was accepted, and the Treasurer's report adopted.

DR. J. H. McCLELLAND, on behalf of the Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburg, reported that the institution is in a most prosperous condition, having paid off a floating debt of \$5000, and an equal amount on the real estate, leaving but \$5000 remain-

ing on the latter, which is valued at \$50,000. The number of patients treated exceeds that of any former year, and has about reached the maximum (325) that can be accommodated with the present facilities. At an early day it is proposed to extend the hospital upon adjoining property belonging to the corporation.

DR. BURGHER desired to add to Dr. McClelland's statement the remark that in connection with the hospital they have the only free dispensary west of the Alleghanies.

DR. McCLATCHEY moved a vote of thanks to the managers and professional staff of the Pittsburg hospital for the energy and wisdom displayed in its organization, and in carrying out the objects of such a praiseworthy enterprise. The motion was unanimously adopted by a rising vote.

DR. J. E. JAMES reported on behalf of the M. E. Old Folks' Home, of Philadelphia, and Dr. Dudley on behalf of the Baptist Home of Philadelphia, the latter institution being under the medical care of Drs. G. J. McLeod and S. Hastings Brown.

DR. DUDLEY also reported that Dr. A. W. Blakeslee has been appointed physician to the county jail of Mercer County.

DR. McCLATCHEY, the editor of the *Hahnemannian Monthly*, reported that the condition and prospects of that journal, already of the most flattering character, are constantly improving, and its influence is being rapidly extended.

DR. H. F. HUNT, of Camden, N. J., presented an interesting report from the Homœopathic Medical Society of that State. The Society numbers eighty members, and its meetings are interesting, instructive, and well attended.

An interesting report was received from Dr. Conrad Wesselhœft, the delegate from the State Medical Society of Massachusetts, in reference to that Society and the condition of Homœopathy in that State.

On motion of Dr. Thomas Moore, the Society ordered that visiting physicians be invited to take part in the discussions.

The reports of bureaus of scientific subjects being then in order, Dr. J. C. Burgher asked that the reception of the report on *Materia Medica* and *Provings* be deferred until the afternoon session. The request was, on motion, granted.

The report of the Bureau of Clinical Medicine and Zymoses was next presented by the Chairman of the Bureau, W. M. Williamson, M.D., of Philadelphia. The report includes the following papers:

"A case of Chorea," by W. R. Childs, M.D., of Pittsburg.

"Clinical Observations on Twenty-one Remedies," by W. M. Williamson, M.D., of Philadelphia.

"Six Clinical Cases," by W. M. Williamson, M.D.

"Disease of the Right Auricle," by D. Cowley, M.D., of Pittsburg.

"Clinical Cases," by S. R. Rittenhouse, M.D., of Reading.

"Clinical Case," by Charles A. Stevens, M.D., of Scranton.

"Uterine Hemorrhage after Abortion." "Uterine Hemorrhage conse-



quent on Change of Life." "Ulceration of the Right Inferior Molar." By W. D. Hall, M.D., of Carlisle.

"Experience in the use of Bromine." By A. Elblein, M.D., of Pittsburg.

"Struma and its Treatment." By A. Elblein, M.D.

"Two cases of Disease of the Ear," by M. M. Walker, M.D., of Germantown.

"Two cases of Eczema," by M. M. Walker, M.D.

The papers of Dr. W. M. Williamson, entitled "Clinical Observations" and "Six Clinical Cases," were read by that gentleman, and on motion accepted and referred to the Committee of Publication. In the discussion which followed,

DR. MAHLON PRESTON mentioned a case of whooping-cough in which the paroxysms of coughing continued two hours at a time, the cough being peculiarly short, dry, and hacking; the patient desiring to be held in the erect posture. Nicotinum 200th, every two hours, for one day, afforded marked relief.

On motion, Dr. Preston was requested to prepare a paper giving his experience with Nicotinum in pertussis, and forward it to the Committee of Publication.

DR. PRESTON also reported a case of ulcer on the calf of the leg, in which there was sharp, stinging pains at night. He gave Ammonium mur., and the ulcer healed entirely in three weeks. The case had been one year under old-school treatment. He likewise mentioned a case of epistaxis, or bleeding from the nose, in which the blood flowed freely from both nostrils to complete fainting of the patient. Application of tannin always gave temporary relief, but other styptics failed entirely. Belladonna seemed to be indicated by the symptoms; it was given in the two hundredth potency, and entirely arrested the flow.

DR. M. COTÉ said he had had a very large experience in treating bleeding from the nostrils. During the past two years he had given Belladonna 200th, with a curative result in every case.

DR. W. M. WILLIAMSON recommended Crocus as a most important remedy in epistaxis.

DR. H. F. HUNT, of Camden, N. J., highly praised the action of Erigeron in such cases.

DR. THOMAS MOORE, of Germantown, thought we should give the indications which lead us to the use of these remedies, and be able to tell why we give Belladonna, Crocus, or Erigeron.

DR. WILLIAMSON said he omitted to give symptoms for Crocus simply because Dr. Preston had given them very clearly in his paper.

DR. PRESTON said that in the case he reported, he had given Crocus, but it had failed, and he had been induced to give Belladonna.

DR. HUNT preferred Crocus to other remedies when the blood was stringy, and Belladonna where the blood flowed freely, or drop by drop.

DR. A. P. BOWIE, of Uniontown, had used Crocus sat., 30th, successfully in a case of epistaxis in which the blood seemed to come from a

fungous tumor of the antrum Highmorianum. The blood was dark and stringy, the patient pulling long strings from the nares. Although the attacks had been frequent, there was no return of the hemorrhage after the remedy had been used.

DR. B. W. JAMES said that in applying the plug to the posterior nares in cases of epistaxis, the sponge should be attached to the middle of the safety string, allowing one end of the string to hang out of the mouth and the other out of the nostril.

DR. McCLELLAND regarded the method recommended by Dr. James as the best that could be devised in such cases.

DR. DAVID COWLEY called attention to the use of Hamamelis when the blood is dark-colored and fluid. After an operation for syphilitic onychia, where the hemorrhage was considerable, Hamamelis acted nicely after Monsell's salt had failed to suppress the hemorrhage.

DR. M. PRESTON desired special indications for the use of Hamamelis. He had come to regard it as an overpraised remedy.

DR. THOMAS MOORE said tenderness across the region of the abdomen was an indication for the use of Hamamelis in intestinal hemorrhage.

DR. M. FRIESE, of Harrisburg, thought passive venous hemorrhages were specially controlled by this drug.

DR. B. W. JAMES used it, particularly where there was an evident hemorrhagic diathesis.

DR. H. F. HUNT had used it with great success in cases of hemorrhage from piles, in which the loss of a small quantity of blood was followed by a prostration out of proportion to the loss. Dr. Hunt also spoke of the use of Hydrastis in the sore mouth of infants, and in nursing sore mouth, a strong indication being an excessive coating of the tongue. He could also recommend it highly for gleet, and in cases of neglected syphilis. He regretted its meagre provings.

DR. WILLIAMSON stated that a very copious proving of Hydrastis could be found in a recent publication of the American Institute of Homœopathy. He agreed with Dr. Preston that Hamamelis was a greatly overestimated remedy. Two years ago Dr. Doane reported to this Society a case of hemorrhagic diathesis, which was almost staggering to belief. This same patient had fallen into his (Dr. Williamson's) hands, when attacked with small-pox last winter. The disease took the hemorrhagic form and the pustules were filled with blood. Hamamelis relieved the man, but he died on the seventh day after the appearance of the eruption.

DR. COWLEY said Dr. Hoffman had succeeded in checking a case of hemorrhage with Hamamelis after other remedies had failed to produce any effect.

DR. FRIESE reported a case of hæmatemesis in which Hamamelis was eminently successful. The blood in this case was of a dark color.

DR. PRESTON called attention to Phosphorus as an excellent remedy in hemorrhage.

The Censors reported favorably upon the following applications for membership: M. S. Williamson, E. M. Scheurer, J. G. Gilchrist, G. C. McDermott, M. J. Koenig, Edward N. Harpel, C. W. Hoyt, J. Stuart Leeb, J. G. Houard, B. Becker, C. F. Roseberry, I. Elmer Cook, W. F. Edmundson, C. F. Bingaman, C. D. Herron, H. W. Fulton, Isaac Lefever.

On motion, the report of the Censors was received.

On motion, the above-named gentlemen were elected to membership.

The Society then adjourned, to meet in the afternoon at 3 o'clock.

#### AFTERNOON SESSION.

The Society reconvened at 3 P.M., and the consideration of the report of the Bureau of Clinical Medicine and Zymoses was resumed.

Dr. W. D. Hall's papers on "Uterine Hemorrhage," and Dr. W. R. Childs's paper on "Chorea," were read, and, on motion, accepted and referred to the Committee of Publication, as were also the remaining papers of the bureau.

DR. M. PRESTON said he had proved Mygale clinically and cured the following symptoms: Twitching of the muscles and shrugging of the shoulders, returning every day; the child could not stand; jerking up of the lower limbs, complete inability to walk or stand; acute aching in the right ear, occurring every night between midnight and morning, driving her out of bed; constant motion of the hands and arms. Mygale, 6th potency, was given, and relief was obtained in twenty-four hours, although other remedies had failed, and the case was cured in three weeks.

The report of the Bureau of Materia Medica and Provings was presented by its Chairman, Dr. John C. Burgher, of Pittsburg. The papers in possession of the bureau were as follows:

"Partial Proving of Macrotine," by C. P. Seip, M.D., of Pittsburg.

"Verified Symptoms," by H. N. Martin, M.D., of Philadelphia.

These papers were read, accepted, and referred, as usual.

Discussion on the papers being then in order, Dr. Fetterhoff said he had used Apis in diphtheria, indicated by numbness of the limbs, frequent urination, and the usual grayish appearance of the exudation.

DR. WILLIAMSON had seen benefit from Iodide of Arsenic in mammary and other forms of abscess, characterized by the usual throbbing, with very great restlessness, or in children peevishness, &c. In tonsillitis, Apium virus is an excellent remedy, but in diphtheria he could not corroborate the experience of Dr. Martin.

DR. FETTERHOFF had seen Apis act remarkably well in diphtheria, where both tonsils were nearly covered with exudation.

DR. WILLIAMSON defined the difference between Apis mellifica and Apium virus, and stated that the provings were made with the latter.

DR. WALKER had, last March and April, about forty cases of diphtheria to treat. When there is great pain in swallowing, Lachesis two hundredth, has almost magical effect. Lycopodium has more effect when

the left side is principally involved. He had used *Mercurius iodatus* when the whole throat and fauces, including the glands, were swollen, and there was profuse salivation.

DR. RICHARD KOCH, of Philadelphia, had a great deal of doubt as to the authenticity of many of the cases reported as diphtheria. He, although not claiming to have a very large experience, had but very few cases of what he would call true diphtheria; and he feared that very many cases reported as such were simply more or less bad cases of sore throat. True diphtheria was a very severe disease, and completely prostrated the patient.

DR. DUDLEY said his experience agreed exactly with that of Dr. Koch, and his opinion on this point also. In a comparatively busy practice he had seen but two cases in twelve months, one of which was brought from New Jersey.

DR. M. FRIES had seen a considerable number of cases, some of them attended with the extreme prostration so frequent in the disease.

DR. KOCH regarded diphtheria as a constitutional disorder, a blood disease, and even in comparatively mild cases the prostration is so extreme that the patient is confined to the bed within twenty-four hours from the commencement of the attack.

DR. J. H. MARSDEN, of York Springs, thought there were many cases reported as diphtheritic that were not really diphtheritic. He had seen such errors of diagnosis in his own section of country. Patches of mucopurulent were mistaken for diphtheritic deposit. He had seen no cases of real diphtheria for years in Adams County. He did not think, however, that prostration was a decisive diagnostic symptom in all cases. He had had a case in his own house, in which the exudation was tough and leathery, and he regarded this toughness as a strong diagnostic symptom. This was years ago. There were many cases of true diphtheria, but there were, at the same time, a large number of cases of a less malignant form of sore throat, and no doubt many of these passed under the name of diphtheria. The opinion might be entertained that these might have been aggravated or possibly caused by the same poison, which, in more susceptible individuals, manifested itself in the form of true diphtheria. He would not, however, venture to assert that such was the fact.

DR. COWLEY mentioned a case in which apparently slight constitutional disturbance was attended with diphtheritic deposit, and followed by speedy death.

DR. HUNT considered the disease a purely constitutional one, and that death occurs, not from local disorder, except when the exudation extends into the air-passages, but from the general disturbance. Ulcerated sore throat proper does not produce such grave general effects, except in rare cases.

DR. KOCH reminded the members that the microscope affords a certain differential diagnosis; diphtheritic exudation being fibrinous, while the deposit of ulceration is mucous in its character.

DR. FETTERHOFF mentioned a case in which spots, resembling in their



grayish-yellow color the patches on the mucous membrane, appeared on the general surface. Apis seemed to relieve the case very promptly. In other cases the exudation had appeared upon the mucous membrane of the generative organs.

DR. J. H. McCLELLAND stated that he had used Kali bichromicum with excellent effect.

DR. COWLEY asked if mild cases might not be cut short, so that the patient need not be confined to bed.

DR. KOCH said he could only state his own opinion, which was that the course of true diphtheria could not be cut short, any more than the course of a case of scarlatina could be.

DR. HUNT believed the disease to be contagious, but he was quite sure that its course could be shortened by proper medication.

DR. KOCH did not wish to be understood that the disease could not be lessened or lightened, but he did believe that the disease must run through a pathological course, which may require, however, a longer time in some cases than in others, and this difference of time may depend upon the treatment used, as well as upon other causes.

DR. COWLEY called attention to the fact that patients after diphtheria were liable to the reappearance of the diphtheritic patches at subsequent times, these being excited by taking cold. Physicians had come to call these "diphtheritic patients," and every physician meets with them.

DR. J. C. BURGHER, of Pittsburg, did not regard this disease as contagious. He was of the opinion, however, that the exudation was altogether disproportionate to the amount of constitutional disturbance.

DR. WILLIAMSON. Dr. Koch has used the word deposit as though he meant to say that the diphtheritic membrane was placed upon the surface of the mucous membrane. Dr. McClelland called it an exudation. He agreed with the latter. It is an exudation beneath the mucous membrane. We often use the word "like," and there are various degrees of similitude. Thus cholera is more or less like cholera. Thus, too, some cases of ulceration of the throat approach more and others less towards diphtheria, with more or less simulation of diphtheritic appearance. There is a peculiar odor in diphtheria, which few who have noticed it can ever mistake. Dr. Williamson then gave the indications for the use of Croton tiglium as follows: Not much, if any, hoarseness; not much difficulty of swallowing, but excessive exhaustion, perhaps coming on with alarming suddenness; this latter symptom, however, he did not regard as a characteristic symptom of Croton.

DR. McCLELLAND observed that different opinions had been expressed by the members regarding the duration and severity of the disease. First, that it always induced complete prostration, and ran an uninterrupted course; second, that the patients are about and on their feet shortly before death. He believed that diphtheria, like other diseases, differed in its duration and severity, and could be modified and cut short by appropriate treatment.

He regretted to see so much difference of opinion among physicians respecting the symptoms of this malady. He deemed it a matter of certainty that there was a constitutional disturbance which was the cause of all the local difficulty, and of death in the large majority of fatal cases.

DR. J. F. COOPER said, that at the very outset of many of his cases, there were undoubted evidences of serious blood-poisoning. The effects on the general system showed it to be so. In addition we have embolism, heart-clot, ulceration of the stomach. Sudden collapse and sudden death point to the same conclusion. A rash, resembling in some respects that of scarlatina, occurring on the large joints and other portions of the general surface, also confirms the supposition. He had used a number of remedies in combating the disorder, among which he would mention Merc. jod., Kali bich., Rhus, and Lachesis. He was confirmed in the opinion that the local trouble was an outgrowth of a more deeply-seated disorder.

DR. COWLEY narrated two cases in which a peculiar deposit upon the fingers was followed by an attack of diphtheria.

DR. KOCH recommended Iodide of Arsenic in cases of mercurialization.

The report of the Bureau of Surgery was then presented by the chairman of the bureau, J. H. McClelland, M.D., of Pittsburg. The report included papers entitled :

"Separation of the Ligamentum Patellæ from the Head of the Tibia," by M. M. Walker, M.D.

"Injury of the Abdominal Parietes," by E. W. Garberich, M.D.

"Diseases of the Bones," by the Alleghany County Medical Society, including "Caries," by C. P. Seip, M.D., "Necrosis," by L. H. Willard, M.D., and "The Regeneration of Bone," by J. H. McClelland, M.D.

"Ovariectomy," by D. Cowley, M.D.

"Gunshot Fracture and Partial Excision of the Inferior Maxillary Bone," by H. W. Fulton, M.D., of Pittsburg.

"Surgical Cases," by M. Macfarlan, M.D.

"The Treatment of Hydrocele by Galvano-Puncture," by J. H. McClelland, M.D.

"Denudation of the Cranium, followed by diffuse Erysipelas," by S. T. Charlton, M.D.

"Double Castration," by H. H. Hoffman, M.D., and C. P. Seip, M.D.

Dr. Walker's paper on "Separation of the Ligamentum Patellæ from the Head of the Tibia," was read, accepted, and referred to the Committee of Publication.

The paper of Drs. Hoffman and Seip, in relation to a case of "Double Castration," without loss of virility, was read and referred as usual.

DR. COWLEY described a case of syphilitic orchitis, in which the patient, after being treated with Kali hyd. and Merc. jodatus, resorted to "Tansey Bitters," and was relieved.

Dr. E. W. Garberich's paper descriptive of a case of "Injury of the

Abdominal Parietes" during pregnancy, was next presented, and, on motion accepted, and referred to the Committee of Publication.

DR. M. COTÉ, of Pittsburg, desired to know what had been the experience of his brother practitioners respecting the best remedies to prevent premature labor consequent upon such injuries as were described in the paper. He had used Pulsatilla with very satisfactory results.

DR. B. W. JAMES spoke of the value of Ignatia in these cases, having seen most excellent effects from its use.

DR. BURGHER made the same statement with reference to Arnica.

On motion, it was ordered that there be a session of the Society immediately after the delivery of the annual address. The Society then adjourned, to meet at 8 o'clock P.M., in the hall of the House of Representatives, to hear the annual address.

#### EVENING SESSION.

In the evening the annual address was delivered in the hall of the House of Representatives, by Thomas Moore, M.D., of Germantown, the subject being "Homœopathy; the Science of Therapeutics, its natural law, and the essential conditions of that law."

On motion of Dr. Koch, a vote of thanks was tendered to Dr. Moore for his entertaining and able address, which was then referred to the Committee of Publication.

The Society then adjourned to the committee rooms for the transaction of further business.

On motion, the rules were suspended to allow the reading of a paper from the report of the Bureau of Miscellaneous Subjects, by James B. Wood, M.D., of West Chester, on "Tobacco," which was, on motion, accepted and referred to the Committee of Publication.

DR. BURGHER did not like to hear his old friend abused without just cause. He had used it for forty years, and thought he might use it for forty years longer. Some of the healthiest men in our country are users of the weed, and Hahnemann himself, the founder of our system, was an inveterate smoker and drinker of coffee. The use of the drug, if you choose to call it such, may be hurtful to the system, but it seemed as if the system became tolerant of its effects. Nor did he believe that all the diseases ascribed to tobacco were justly attributable to it. The charge that it leads to alcoholic dissipation, or to hypochondriasis, bad dreams, &c., is sheer humbug.

DR. J. F. COOPER said that the words nasty, dirty, filthy, are the best words to apply to the habit. Probably the abstaining from the use of tobacco by a person habituated to its use would be more apt to shorten his days than if he were to continue the habit; but this is no evidence that the drug is harmless, for the same may be said of opium or arsenic; indeed, this very fact favors the belief that tobacco is naturally a poison to the system.

DR. PRESTON said that Hahnemann bore as strong testimony against the use of tea and coffee as he did against tobacco. He wished to call

the attention of the Society to the fact that Dr. Wood drinks tea—a fact which must very greatly weaken the force of his (Dr. W.'s) paper.

DR. WOOD said he had seldom used tea or coffee during the past forty years.

DR. COWLEY believed the habit to be hurtful in some cases, while in others it was not so, when used judiciously.

DR. McCLATCHEY said the paper of Dr. Wood would carry a great deal of weight with it if the symptoms and conditions he had detailed were clearly attributable to the use of tobacco, and never occurred in persons who do not use it. But we, as physicians, know well that we frequently meet delicate, puny, and miserable children, who have neither touched nor tasted tobacco, and we meet with many clouded intellects in those who have never indulged in the use of the drug. And this fact remains above all that can be said, as evidence that tobacco is not injurious necessarily; viz., that the world is ruled to-day by the sheer force of intellect of men who are users of tobacco.

DR. DUDLEY. A man has a right to acquire any habit that does not interfere with the health and happiness of his fellow-beings. He thought Dr. Wood took proper ground in relation to the use of tobacco. He knew that sometimes persons ceased visiting the offices of physicians who habitually smoke, on the ground that they get sick there. It is an offence to many persons. Men who smoke necessarily puff the smoke of the noxious weed into the faces of ladies and gentlemen to whom it is very disagreeable, and in many instances absolutely hurtful. In addition to this, tobacco does excite a morbid appetite so strong as to be beyond the control of most men, and requiring to be forcibly restrained from obtruding itself into every public conveyance and every parlor in the land.

DR. KOCH. If people must smoke, let them use Havana tobacco. Kentucky tobacco contains seven per cent. of nicotine, Virginia tobacco eight per cent., while Havana tobacco contains but two per cent.

DR. CHARLTON asked Dr. Burgher whether he requested his patients suffering from chronic disease, who used tobacco, to desist from its use while under treatment.

DR. BURGHER replied that he did not believe the use of tobacco interfered with the action of homœopathic medicines. Tobacco workers are as easily affected by homœopathic remedies as others. He thought that tobacco might be an antidote to some drugs, but not to all. He did not approve of persons using tobacco where it is offensive to others, nor of physicians using it in their offices.

DR. H. F. HUNT thought we had abundant evidence that it is not hurtful to the system. During the prevalence of epidemic diseases, and in malarious districts, tobacco is in a measure a protection to the system.

DR. MARSDEN said the discussion developed that the friends of the weed are the users of it, while those who did not use it objected to its use. He had been formerly a user of tobacco. It affected differently different individuals, and some people seem peculiarly exempt from its injurious



effects, just as with other drugs. When he used it in his youth it made him nervous, his hand trembled, and he could not perform his duties properly, and he had a gnawing at his stomach. During his pupilage he returned to the use of the weed, and found his nervousness returning, and again ceased to use it. He is now in his seventieth year, and his hand is perfectly steady.

DR. DUDLEY described the dyspepsia produced by the excessive use of tobacco or its sudden discontinuance. The gnawing pain in the epigastrium, sleeplessness, loss of appetite, nervous tremors, headache, depression of spirits, costiveness, coated tongue, &c., are symptoms. Nuxvomica in a low potency cures this chain of symptoms, and he knew of no other remedy that would cure, with any degree of certainty.

DR. J. F. COOPER. We seem to be always making excuses for our sins and failings, and, with most of us, a poor pretext is better than none. The excuse for smoking, as set forth in the present discussion, seems to be, that while other people may be, and doubtless are, made sick by tobacco fumes, it doesn't hurt the smoker himself in the least, and therefore he proposes to continue his enjoyment, even though it be at the sacrifice of other people's comfort and health. To the smoker, this excuse is doubtless a good and sufficient one, but the rest of us fail to see its force. I have a patient who takes his whisky regularly three times a day, and yet has lived to the age of ninety-four, with promise of still longer life; but I should scarcely be willing to urge the example upon my younger brethren because of its apparent harmlessness in this case.

DR. JOHN E. JAMES said that, notwithstanding all that had been said, those who used it would continue to do so; and notwithstanding its bad effects, those who use it manage to survive. He thought that too much time was being spent in discussing this question.

On motion, the discussion was discontinued.

The Committee on Charter then made a report, which was, on motion, accepted and referred to the Committee of Publication.

DR. MCCLATCHEY said the Legislature would undoubtedly be willing to incorporate the Society, but he did not believe they could secure the passage of the "Medical bill" adopted a year ago.

DR. BURGER thought the bill first presented by the Committee on Charter was far more likely to pass than the larger bill.

DR. McCLELLAND moved to substitute the original bill, entitled "An act to incorporate the Homœopathic Medical Society of Pennsylvania," for the bill presented by the Committee on Charter.

DR. McCLELLAND said that this bill, with slight alterations, could be passed as a medical bill, and not as a mere act of incorporation.

DR. McCLELLAND'S motion was then adopted.

DR. McCLELLAND made a motion, which was adopted, recommitting the subject to the committee, with instructions to report to-morrow.

DR. THOMAS NICHOL, of Montreal, Canada, was proposed as a corresponding member, and, on motion, elected.

A communication was received from the Brooklyn Homœopathic Dispensary, asking that a copy of the State Society's transactions be forwarded to them for their library. The request was granted, and copies were also ordered to be sent to the Pittsburg Hospital and the State Library.

A number of bills were presented and ordered to be paid.

A communication was received through Dr. McClatchey, from Dr. E. C. Franklin, stating that permission had been granted by the authorities of St. Louis to the Faculty of the Homœopathic Medical College of Missouri to visit the wards of the City Hospital and lecture to the students.

On motion, the communication was accepted and referred to the Committee of Publication.

On motion, the Society then adjourned until Thursday morning at 9 o'clock.

#### SECOND DAY—MORNING SESSION.

The Society reconvened at 9.30 o'clock. Dr. McClelland read by title the paper on "Strangulated Femoral Hernia with Report of Cases," by A. R. Thomas, M.D., which was accepted and referred to the Committee of Publication.

In reply to a question of Dr. Marsden, Dr. McClelland said that in these operations anæsthetics were generally made use of, administered either on a folded napkin or from a napkin surrounded by a cone of paper. We generally use ether first, and if that fails we resort to chloroform.

DR. MARSDEN said that in administering ether from a cone, the quantity of atmospheric air inhaled could not be ascertained or regulated, so that an inspiration might include an unsafe quantity of the anæsthetic. He had always used the cone in his own practice in midwifery cases, holding it at first about two inches from the nostrils, and gradually bringing it nearer the face. A noted English obstetrician has remarked that he has been obliged to drop his forceps, in some cases, to combat the dangerous effects of the anæsthetic, resulting from its careless administration by an inexperienced assistant. He (Dr. Marsden) had never met such cases in his practice. He regretted the hue and cry that had been raised against the use of chloroform, although its administration is attended with some danger.

DR. MCCLELLAND had had a somewhat similar experience to that of the English obstetrician alluded to, occasioned by the assistant becoming interested in the operation, and forgetting to watch the effects of the anæsthetic.

DR. BURGHIER thought that as the vapor of chloroform is of greater specific gravity than atmospheric air, it prevents the admission of air to the lower air-cells of the lungs. The deaths from chloroform are one in twenty-three thousand cases.

In reference to the case of gunshot fracture of the lower jaw reported yesterday by Dr. Fulton, he thought we should not mention the forma-

tion of new bone unless we are absolutely convinced that the new formation is really osseous structure. In reference to the use of morphia after surgical operations, he would say that if sleep is not induced, harm must be done by its use, and perhaps even if sleep be induced, the effects are not entirely harmless. A well-selected homœopathic remedy is much more efficacious and is harmless.

DR. McCLELLAND said that in the case reported by Dr. Fulton cartilaginous formation was detected on the fourteenth day, and true osseous formation was very evident on the twenty-third day. Remarkable as the case might seem, it was nevertheless well attested.

DR. COWLEY knew of two fatal cases from the administration of chloroform in dental practice. In another case, where the patient was completely broken down by syphilis, and a rhinoplastic operation was about to be performed, not more than two or three inspirations of the anæsthetic were taken before the patient fell back and died. He greatly wished that cases in which the administration of chloroform would be unsafe, could be accurately defined. He objected to the use of morphia after operations, and would not use it if he knew of anything better.

DR. KOCH. Chloroform is used daily at the Homœopathic Hospital in Philadelphia, poured on a folded towel, and we have had no accident as yet.

DR. KOENIG had seen a mixture of chloroform and ether used in the army very frequently. He had remarked that the patients come slowly under its influence, and that the effects were very slow to pass off. He was of the opinion that the sooner a patient came under the influence of an anæsthetic when it had to be used, the better.

DR. MARSDEN had not found chloroform to interfere with uterine action in obstetric practice, and related cases in illustration.

DR. McCLELLAND. Equal parts of alcohol, ether, and chloroform are used by some Pittsburg obstetricians. He did not like mixtures of ether and chloroform, but usually gave ether first, and followed it with chloroform, in case the former did not act promptly.

DR. B. W. JAMES never jeopardized his patient for the sake of procuring prompt anæsthetic effect. Chloroform is quicker of action than ether, yet he did not regard it as safe, and thought for that reason it should not be used. On the contrary, he regarded sulphuric ether as a perfectly safe anæsthetic.

DR. JOHN E. JAMES thought it very important that a pure article, whether of ether or chloroform, should be used.

DR. BURGHER. If we use ether and chloroform separately, we know exactly what we are using in each case. We cannot say this when we use a mixture. He had no trouble in securing complete anæsthesia with chloroform, and had never known of any bad results from chloroform when its administration was preceded by the influence of ether. It is an undoubted fact that the mental anxiety and dread of the patient will interfere with the production of the anæsthetic effect.

In a case in which there was luxation of the femur, the patient boasted that the physicians who had attempted to anaesthetize him had failed to do so after two hours' trial, but Dr. McClelland had brought him under the influence of chloroform in five or ten minutes.

DR. MCCLELLAND said the patient had been given to understand that they would stand no nonsense with him, and that they would strap him down if he did not behave. He then calmed himself and went to sleep.

DR. WILLIAMSON had assisted in a case in which sixteen ounces had failed to produce any effect except nausea and vomiting.

DR. DUDLEY saw a case, while a student, in which the lecturer on practical dentistry failed to bring a young woman under an anaesthetic after a half hour's trial, because of her struggles and efforts to resist. Upon being scolded for doing so, she subsided, and came under the influence in a few moments.

DR. FETTERHOFF had seen cases in which it seemed impossible to produce any effect more than a slight stupor, which soon passed off.

DR. MARSDEN had noticed a case where morphia had been given for pain by an allopathic practitioner, in a case of malposition. He gave chloroform, and the effect was surprisingly prompt and complete. Claude Bernard had stated that this was the case. The tendency of the morphia is to make the anaesthetic effect more profound and more lasting.

DR. BURGHER. In a case where chloral was administered after morphia, no hypnotic effect was produced by either agent. A lady suffering from biliary colic took morphia on her own account. Two hours thereafter chloral was administered, from which she derived considerable comfort. He saw her in six hours afterward and found her unconscious, cold, and with respiration six to the minute. He used inhalations of ammonia, with galvanism and frictions, &c., for three hours before any decided improvement took place, and she then gradually recovered.

DR. B. W. JAMES. Surgeons often need morphia after operations on the bowels, to secure its quieting effect. The drug has other specific effects, however, which should make us very careful regarding its use. In neuralgia of the stump, after amputation, the use of morphia may disguise the symptoms and mislead the surgeon as to what diseased action is actually going on. He thought electricity might be used with advantage in cases of neuroma.

DR. WILLIAMSON said he had made some experiments with the galvanic current, and could fairly say that he had witnessed no positive beneficial effects from its use.

DR. BURGHER said if he felt himself obliged to use morphia he would use it hypodermically. Electricity may be used homœopathically just as any drug may, and where it is indicated it may sometimes be the only appropriate remedy.

DR. JOHN E. JAMES had had some experience with the use of electricity in two cases of spinal irritation, carefully used by specialists, and



he thought the effects were decidedly harmful. In a case of fracture of the surgical neck of the femur, occurring in a very old lady, in two weeks after the limb had been put up, great prostration and sinking had set in, and in consultation with his brother they decided that her only chance for safety consisted in their ability to get her up and about.

An apparatus to support the body and limb and allow of motion at the joints was devised and constructed by a skilled mechanic, and adjusted, and the old lady got about. Her health rapidly improved, and greatly to the surprise of all, ossification took place so nicely and so firmly that the limb is perfectly safe and strong, and she walks without any limp. So perfect was the cure that her allopathic friends denied that there had been any fracture, but that the bone was broken at the surgical neck was undoubted.

DR. BURGHER related a case similar to that narrated by Dr. James, and with nearly similar results.

The Board of Censors reported that Dr. Charles W. Robbins, of Philadelphia, was qualified for membership, and that while Dr. Emily R. Robbins was qualified medically, she was disqualified on account of sex.

DR. MCCLATCHEY says the duty of the censors was to inquire into the medical and moral eligibility of candidates, and they had nothing to do with the question of sex. He therefore moved that the report be referred back to the censors for amendment, which was carried.

DR. J. H. MCCLELLAND narrated a case of fracture of the surgical neck of the femur. Union followed with some shortening. He thought that surgeons often lost the chance of getting good results by giving too much heed to the old doctrine that bony union could not take place in these cases in old people.

In regard to the galvanic current, he thought it an agent that should be used only with great care and skill. Bone may be restored without the periosteum. He had known bone denuded of periosteum to be restored.

DR. COWLEY gave the particulars of a case in which the bone was replaced without the intervention of periosteum.

DR. B. W. JAMES. We cannot expect such results to occur in all cases. There are conditions of the system, such as that termed rachitis, for instance, in which bony formation and union seems to be impossible. Then, again, there are states of the system which tend towards calcareous deposits and formations, as we witness in ossification of the valves of the heart. In regard to the use of galvanism, he was of the opinion that the galvanic cautery might come to supplant the knife in the removal of some abnormal growths.

DR. DUDLEY said that physicians in purchasing a galvanic battery should endeavor to secure such a one as gave a high pitch of tone from the vibrating armature, indicating a more rapid opening and closing of the circuit; experience having shown that the current from such instru-

ments is less painful and more effective in restoring healthy action than when the current is interrupted less frequently.

DR. J. H. McCLELLAND said that phosphate of lime as nutriment is not required to promote the formation of bone in these cases; but may often be required in minute quantities for dynamic purposes, given, of course, only in such cases as indicated. He did not believe that minerals could be assimilated in a crude, unorganized condition, and he thought that the use of quantities of phosphate of lime or of iron was not short of ridiculous.

DR. B. W. JAMES indorsed this opinion of Dr. McClelland. He thought that *Calcareo phosphorica* might be needed to induce the system to take up just such constituents as it required for the origin and growth of new bony tissue, and in that way it did good.

DR. BURGHEE related a case in which a child, large and fat, had very ill-developed legs, the bones seeming rather to be cartilaginous. *Calcareo phos.* produced a cure of the case in three months.

DR. COWLEY. In a number of cases of well-developed marasmus, *Calcareo phos.* had produced excellent curative results in the first trituration after higher potencies had failed.

The Board of Censors reported favorably on the applications for membership of Drs. Charles W. Robbins and Emily R. Robbins.

DR. WIESTLING made a minority report, objecting to the admission of Dr. E. R. Robbins, on account of sex. He said he thought it would not be proper for women to be present when certain papers were read and discussed.

On motion of Dr. McClatchey, the minority report was laid on the table.

On motion the report of the Board of Censors was accepted. It was moved to take up the names separately, which was agreed to, and Dr. C. W. Robbins was thereupon elected. On the motion to admit Dr. Emily R. Robbins,

DR. COTÉ said that in Erie it was voted that women were not eligible to membership. Dr. Williamson informed Dr. Coté that the Society had taken other action since, and that a woman was now a member of the Society. Dr. Wiestling urged his objections.

DR. McCLATCHEY said this woman question had been settled long ago, and it was going back to the dark ages to revive it now. He did not wish to be precipitate or discourteous, but he felt constrained to call for the question. The question was then called for, was put, and Dr. E. R. Robbins was admitted to membership.

The report of the Bureau of Obstetrics and Diseases of Women and Children was then presented by Dr. J. H. Marsden, chairman of the bureau. The report included papers on "Post-partum Secondary Hemorrhage," by J. H. Marsden, M.D., and "Phlegmasia Dolens," by O. B. Gause, M.D. These papers were read, accepted, and referred to the Committee of Publication.

DR. WILLIAMSON called attention to the suggestion made some years ago by his father, in regard to the use of Sabina in post-partum hemorrhage.

DR. RITTENHOUSE had seen more effect from Sabina in these cases than from any other remedy.

DR. WALKER. The characteristic indications for the use of Sabina are: drawing pains from the pubes and sacrum; tenesmus; worse on moving; the blood is dark and partly clotted.

DR. WILLIAMSON. Sabina has the "genus epidemicus," as Dr. Hering calls it, of post-partum hemorrhage.

DR. J. F. COOPER. In abortion cases it is also useful, but he has seen less effect from it in hemorrhage occurring after labor at term. Pulsatilla and Arnica are valuable remedies in these cases, and might be used much more frequently than they are.

DR. WILLIAMSON. Gossypium is said to be a valuable remedy for hemorrhage following abortion.

DR. J. F. COOPER had used Opium in a case occurring but a short time ago. There was little or no contractility of the uterus. The placenta was unusually large. Opium proved efficacious.

DR. BURGHER said that Crocus should not be lost sight of, and gave as an indication "a sensation as if the child were rolling about." Sometimes there is great difficulty in ascertaining the indications, the patient being unable to speak; and it may be necessary to have recourse to stimulation. If the placenta or a mass of blood be retained, all remedies will probably fail to suppress the flow until the uterus is emptied. Gentle pressure of the womb stimulates the contraction of that organ. In removing a retained placenta he could commend the use of Professor Loomis's forceps.

DR. MARSDEN said the most valuable obstetric instrument is the hand, and every accoucheur should cultivate his hand. The left hand is the most useful, generally, in consequence of its curvature corresponding with the curve of Carus, as the patient lies on her left side.

DR. H. H. HOFFMAN referred to the use of ether as an agent for the arrest of post-partum hemorrhage. He used it by pouring it on the abdomen, and its rapid evaporation produced a degree of cold which secured uterine contraction and consequent arrest of the hemorrhage. He had used it thus with success in a number of cases.

DR. MARSDEN considered it wise for country practitioners to instruct the nurse how to deal with uterine hemorrhage, in case of necessity, during the absence of the accoucheur.

The report of the Bureau of Organization, Registration, and Statistics was next presented by its chairman, Dr. Pemberton Dudley, of Philadelphia.

The papers presented were as follows:

"The Homœopathic Physicians and Institutions of Pennsylvania," by Dr. P. Dudley.

"A Concise History of the Rise and Early Progress of Homœopathy in Pennsylvania," by Dr. H. Detwiler, of Easton.

"A History of Homœopathy in Delaware County," by the late Walter Williamson, M.D., the last work of that distinguished physician.

These papers were read and referred as usual.

DR. DUDLEY'S paper shows that in Pennsylvania there are now about 435 physicians in homœopathic practice, this being the forty-fourth year since its introduction into the State. The number is rapidly increasing, but there are urgent requests for educated homœopathic physicians from various localities, which cannot as yet be supplied. And notwithstanding the bitter hostility and intense prejudice by which its progress has been impeded, it has so far forced its way into the public confidence as to have secured in so short a time a permanent foothold in more than fifty counties of the State.

DR. COTÉ moved that the Bureau of Organization, Registration, and Statistics be instructed to appoint a member in each county represented in this Society, to secure, so far as possible, the formation of county and district societies.

DR. McCLELLAND called attention to the fact that a resolution almost similar in its purport to Dr. Coté's motion had been adopted a year ago. He had heard no report from the bureau on that subject, and asked if it had been overlooked or forgotten.

DR. DUDLEY said the resolution had been kept in mind at least by himself. He had intended to obtain from Dr. McClelland his views and suggestions in reference to the subject, but was prevented by multiplicity of business from giving it proper attention. He hoped, however, that the resolution, or one similar to it, might yet be carried out.

After some further discussion, the motion of Dr. Coté was adopted.

The reports and papers from the Bureau of Miscellaneous Subjects were then offered by its chairman, J. F. Cooper, M.D., of Alleghany City. The report includes papers on "Disinfection," by the Alleghany County Medical Society.

"Tobacco," by Dr. James B. Wood, read and discussed during the first day's session.

"Climatology of Colorado," by M. M. Marix, M.D., of Denver, Colorado, a corresponding member of the Society.

The above papers were read, accepted, and referred to the Committee of Publication.

The Committee on Charter made a report, recommending that the committee be increased by the addition of new members, and that the matter be referred back to the committee, with instructions to prepare and secure, if possible, the passage of such an act as the Society desires, as evolved in the discussion of last evening.

On motion, the matter was referred back to the committee, with full power to act.

The report of the Necrologist, Dr. William R. Childs, of Pittsburg,



was then presented, and referred to the Committee of Publication. It embraces memorial notices of the following deceased members of the Society, viz.: John E. Barnaby, M.D., of Pittsburg; Charles B. Barrett, M.D., of Iona, Michigan; James A. Herron, M.D., of Pittsburg; Walter Williamson, M.D., of Philadelphia; Silas S. Brooks, M.D., of Philadelphia; Benjamin R. Bratt, M.D., of Reading; Ezekiel Lovejoy, M.D., of Owego, New York.

DR. KOCH made a statement on behalf of the Faculty of Hahnemann Medical College of Philadelphia, requesting that physicians should exercise the greatest care in the selection of persons to study medicine.

DR. P. DUDLEY, the Corresponding Secretary, made the gratifying announcement that the Society had expended eight hours and fifteen minutes in the consideration of subjects pertaining to medical science strictly, so that it could not be said of the present session that the time has been frittered away in useless discussion.

On motion, adjourned till 3 o'clock P.M.

#### AFTERNOON SESSION.

DR. W. M. WILLIAMSON moved a reconsideration of the vote by which the papers on the "History of Homœopathy in Northampton and Delaware Counties" were referred to the Committee of Publication. The motion carried, and these papers were then referred to the Bureau of Organization, Registration, and Statistics.

DR. WILLIAMSON offered a resolution "That the term 'non-resident,' as applied to corresponding members, in article fourth of the Constitution, applies to physicians living without the limits of the United States." Adopted.

DR. MCCLATCHEY offered, and the Society accepted, a statement containing the mortuary experience of the Homœopathic Mutual Life Insurance Company of New York, from July 18th, 1868, to December 31st, 1872, which presents the following results: Whole number of losses by death, 56; deaths from accident, 6; deaths from disease, 50; homœopathic risks, 3860; non-homœopathic risks, 1239; deaths under allopathic treatment, 25; deaths under homœopathic treatment, 25; or 25 deaths among 3860 homœopaths, and 25 deaths among 1239 allopaths.

DR. MCCLATCHEY offered the following resolution:

*Resolved*, That section first of the By-laws be amended by substituting the word "three" for the word "two." The object being to increase the dues of members from two to three dollars per annum. The resolution was adopted.

DR. MCCLATCHEY stated that he had received notification from Dr. Martin M. Marix, the corresponding member from Colorado, that he is about to retire from practice. He was therefore disqualified for corresponding membership under the Constitution. He therefore moved that the secretaries be instructed hereafter to omit the name of that gentleman from the list of corresponding members. It was so ordered by the Society.

DR. W. M. WILLIAMSON nominated the following gentlemen as corresponding members of the Society, and they were unanimously elected by a rising vote: Drs. Fernand Chauvet, Tours, France; Paz Alvarez, Madrid, Spain; Francis Eidherr, Vienna, Austria; Alfred C. Pope, London, England.

DR. MCCLATCHEY offered the following resolution:

*Resolved*, That hereafter no report or paper will be received by this Society from a bureau or committee of the Society, or from any individual member thereof, in an incomplete or unfinished condition; and any report or paper having been received by the Society and referred to the Committee of Publication shall pass at once into possession of the Secretaries, and shall not be returned to the writer under any representations that may be made.

The resolution was unanimously adopted.

The paper on "Diseases of the Bones," presented to this Society by the Alleghany County Medical Society, was ordered to be presented to the American Institute of Homœopathy, through the Bureau of Surgery of the Institute, at its next annual meeting, at Cleveland, as the paper of this Society to the Institute.

DR. MCCLELLAND moved, and it was carried, that Dr. McClatchey, editor of the *Hahnemannian Monthly*, have the usual privilege accorded him of publishing such parts of the proceedings and papers of the Society as he may see fit.

DR. BURGHER moved, and it was carried, that a paper belonging to the Bureau of Obstetrics, &c., on "Incontinence of Urine," prepared by Dr. McClatchey, and in an uncompleted state, be completed by the Doctor, and sent to the Committee of Publication.

DR. MCCLATCHEY asked the privilege of publishing his paper, when completed, in the *North American Journal of Homœopathy*, if agreeable to the editor of that journal, which privilege was granted.

DR. MCCLATCHEY moved an amendment to the standing resolution, that hereafter the annual meeting of the Society shall occur on the first Wednesday in October instead of the first Wednesday in February.

This motion gave rise to considerable debate, there being a difference of opinion both as regards the most convenient time for the members to attend the sessions and also in reference to the time most favorable for securing such an influence with the State authorities as might be desirable to enable it to carry out its legitimate work to the fullest extent and to the best advantage.

The resolution was finally adopted.

DR. J. E. JAMES offered a resolution that the thanks of this Society be and they are hereby extended to the Legislature of the State for the use of the rooms in the Capitol building for the meetings, and of the hall of the House of Representatives for the delivery of the annual address. Also to the Harrisburg *Daily Telegraph*, *State Journal*, and *Patriot*, for publishing full and accurate reports of the proceedings. Adopted unanimously.

The Society then, on motion, proceeded to the election of officers for the ensuing year. Drs. Cooke and Coté were appointed tellers. The election resulted as follows :

*President.*—J. F. Cooper, M.D., of Alleghany City.

*1st Vice-President.*—M. Friese, M.D., of Harrisburg.

*2d Vice-President.*—H. R. Fetterhoff, M.D., of Newville.

*Recording Secretary.*—M. M. Walker, M.D., of Germantown.

*Corresponding Secretary.*—Pemberton Dudley, M.D., of Philadelphia.

*Treasurer.*—R. J. McClatchey, M.D., of Philadelphia.

*Censors.*—M. Preston, M.D., of Norristown; M. Coté, M.D., of Pittsburgh; Richard Koch, M.D., of Philadelphia.

*Necrologist.*—W. R. Childs, M.D., of Pittsburgh.

*Orator.*—L. H. Willard, M.D., of Alleghany City.

*Alternate Orator.*—W. H. Cook, M.D., of Carlisle.

The Bureaus of Scientific Subjects were appointed by the President as follows :

*Materia Medica and Provings.*—Thomas Moore, M.D., of Germantown; W. J. Blakeley, M.D., Erie; A. Lippe, M.D., Philadelphia; J. W. Brickley, M.D., York; C. A. Stevens, M.D., Scranton.

*Clinical Medicine and Zymoses.*—W. M. Williamson, M.D., Philadelphia; W. D. Hall, M.D., Carlisle; H. H. Hoffman, M.D., Pittsburgh; J. H. P. Frost, M.D., Danville; C. J. Roseberry, M.D., Easton.

*Surgery.*—J. C. Burgher, M.D., Pittsburgh; J. H. McClelland, M.D., Pittsburgh; M. Macfarlan, M.D., Philadelphia; L. H. Willard, M.D., Alleghany City; C. P. Seip, M.D., Pittsburgh.

*Obstetrics and Diseases of Women and Children.*—R. J. McClatchey, M.D., Philadelphia; J. H. Marsden, M.D., York Sulphur Springs; H. N. Guernsey, M.D., Philadelphia; H. J. Sartain, M.D., Philadelphia; S. R. Rittenhouse, M.D., Reading.

*Organization, Registration, and Statistics.*—Pemberton Dudley, M.D., Philadelphia; H. Detwiler, M.D., Easton; M. Preston, M.D., Norristown; W. H. Cook, M.D., Carlisle; M. Friese, M.D., Harrisburg.

*Miscellaneous Subjects.*—J. B. Wood, M.D., West Chester; A. H. Ashton, M.D., Philadelphia; E. W. Garberich, M.D., Mechanicsburg; H. R. Fetterhoff, M.D., Newville; D. Cowley, M.D., Pittsburgh.

The President also announced the following committees :

*Committee of Arrangements.*—The Dauphin County Homœopathic Medical Society.

*Committee of Publication.*—Pemberton Dudley, M.D., Philadelphia; M. M. Walker, M.D., Germantown.

*Committee on Charter.*—R. J. McClatchey, M.D., Philadelphia, Chairman; J. C. Burgher, M.D., Pittsburgh; J. K. Lee, M.D., Philadelphia (West); R. Ross Roberts, M.D., Harrisburg; B. W. James, M.D., Philadelphia; M. Coté, M.D., Pittsburgh; M. Friese, M.D., Harrisburg; S. T. Charlton, M.D., Harrisburg.

The following delegates were appointed to the American Institute of Homœopathy: Drs. P. Dudley, D. Cowley, C. J. Carmany, H. H. Hoffman, W. J. Blakeley, M. Preston, J. H. Marsden, W. M. Williamson, C. A. Stevens, J. B. Wood.

*Canadian Institute of Homœopathy.*—A. Korndorfer, M.D., Philadelphia; H. E. Reinhold, M.D., Williamsport.

*California State Medical Society.*—J. W. Allen, Altoona; J. G. Gilchrist, M.D., Tidioute.

*Connecticut State Medical Society.*—A. P. Bowie, M.D., Uniontown; M. J. Koenig, M.D., Jersey Shore.

*Illinois State Medical Society.*—S. R. Dubs, M.D., Doylestown; Benjamin Bowman, M.D., Chambersburg.

*Indiana State Medical Society.*—O. T. Heubener, Litiz; A. W. Wallace, M.D., Alleghany.

*Kansas State Medical Society.*—Benjamin Becker, M.D., Pottsville; A. H. Ashton, M.D., Philadelphia.

*Maine State Medical Society.*—C. D. Herron, M.D., Pittsburg; H. W. Fulton, M.D., Pittsburg.

*Massachusetts State Medical Society.*—A. R. Thomas, M.D., Philadelphia; James L. Scott, M.D., Coatesville.

*Michigan State Medical Society.*—G. Howell Cox, M.D., Hastings, Mich.; L. M. Rousseau, M.D., Pittsburg.

*New Hampshire State Medical Society.*—S. Hastings Brown, M.D., Philadelphia; A. H. Clayton, M.D., Addisville.

*New Jersey State Medical Society.*—C. S. Middleton, M.D., Philadelphia; Coates Preston, M.D., Chester.

*New York State Medical Society.*—John C. Morgan, M.D., Philadelphia; R. J. McClatchey, M.D., Philadelphia.

*Ohio State Medical Society.*—M. S. Williamson, M.D., Philadelphia; P. D. Liscomb, M.D., Beaver Falls.

*Vermont State Medical Society.*—Robert P. Mercer, M.D., Chester; I. D. Johnson, M.D., Kennett Square.

*Wisconsin State Medical Society.*—Anson Parsons, M.D., Springboro; W. F. Speth, M.D., Lewistown.

A vote of thanks was tendered the President for the able, dignified, and courteous manner in which he had presided over the session.

A vote of thanks was also tendered the Secretaries for their earnest work in behalf of the Society; and to Dr. McClatchey for preparing the reports for the newspapers.

Drs. Friese and Burgher were appointed to conduct the newly elected President to the chair.

On taking the chair, President Cooper made some appropriate remarks.

The Society then adjourned to meet in Harrisburg on Wednesday, October 1st, 1873, at ten o'clock.

M. M. WALKER, } Secretaries.  
P. DUDLEY, }



# THE HAHNEMANNIAN MONTHLY.

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*No. 9.*

## THE DOSE.

BY J. H. P. FROST, M D.

(Read before the Central New York Homœopathic Medical Society.)

FORMERLY, in the old school, the fashion was to give the largest dose—the more medicine the better. In the new school, under the influence of its first teachers and their immediate successors, the tendency ran to the other extreme. Hence the *thirtieth* of Hahnemann, with which he made cures whose fame brought him patients from every nation of Europe. Hence, also, the hundredths and thousandths of Jenichen—by many deemed superior to the former. The subsequent reaction from this may be very plainly seen in the present status of homœopathy in Great Britain and on the Continent, as well as in our own country; a large majority of the physicians regarding what are technically termed the high potencies with as little respect as the allopaths do the low, and their average success falling as far short of the glorious triumphs of the early homœopaths. A few years since, the potency question was again revived and intensified by Dr. Fincke, who carried his “potentiation” to the hundred-thousandth, and whose preparations seemed to possess most astonishing virtues—many wonderful cures being wrought by them.

This extravagance, as it was called—not to repeat harsher epithets—was indignantly rejected by numerous physicians of the better class, who had not felt called upon to oppose the previous high-potency demonstrations. And in this action they were sustained by some of the ablest and soundest members of our school, who, while acknowledging the efficacy of the Fincke medicines, and defending the principles involved in the regular high potencies, felt themselves compelled to protest against the *secrecy* with which this gentleman concealed his mode of preparation. In this secrecy they believed to be comprised the germs of a *quackery* which must prove fatal to every medical school sustaining it.

From all these influences, some of them operating through the course of half a century, have arisen divisions in our ranks; divisions which have been largely increased by personal rivalries and party interests. But in spite of these dissensions homœopathy has grown, like a mighty river in its progress to the ocean. While the truth of its history, illustrated by much experience, proves that whatever difference of opinion or variety in practice may exist among those who accept the homœopathic law in good faith, there is no necessity for the formation of parties on the question of the dose; provided only and always, that we allow to others the same freedom of thought and liberty of judgment that we assume for ourselves. The first great question of practical therapeutics is not as to the dose. If the *right remedy* be given either in large or in smaller, or even in infinitesimal doses, a cure will result in many cases. But the *wrong remedy* given in any or in every possible dose, will cure in no case. Cures have been effected by allopathic medication in those simpler forms through which may be traced the action of the homœopathic law, as well as by those “prescriptions carefully compounded” whose complexity of united or antagonistic forces defies all rational analysis. Cures have been produced by hydropaths and mesmerists, as well as under the

influence of agencies put in operation by Thomsonians, eclectics, electricians, and "spiritualists." Cures have been wrought by the ordinary or low homœopathic medicines in cases where the higher had failed; and cures have promptly followed the exhibition of the higher and highest potencies, where the lower or medium preparations had long been given without result. Cures have been made with single doses, by repeated doses of the same medicine, and by two or more given in alternation or rotation. And in all these instances it is equally futile to speculate on the reality or on the permanence of these cures. We believe, indeed, that every effect is due to the operation of a sufficient cause—that every *actual cure is made by the potential homœopathic* remedy, whether that remedy be a simple force of Nature, or some inscrutable compound of many of her forces. Nature is always superior to art, and occasionally seems to manifest herself through the mask of charlatanism and imposture, whose turbid waters sometimes bear the patient to the haven of health, when the clearer streams of "science" have failed. And who is not aware that splendid and enduring cures of persons given up by "regular physicians" as incurable, have been made by patent medicines purchased in the shops?

What is wanted is, that the physician should neither attempt to steer without a rudder, nor blind himself with the illusions of "science falsely so-called," nor be compelled (as the unfortunate patient too often is) to go the rounds of the *Materia Medica* and accomplish a cure,—when it is accomplished at all—as one gains a prize in a lottery—haphazard! What is needed is, that the physician should possess some plain and practical rule by which to determine the medicine most suited to every individual case. This rule is found in *the law of the similars*; a law general, comprehensive, and of universal import; a law by means of which cures, in all curable cases, may be made with almost mathematical accuracy and certainty. And yet the application of this law, in cases of importance, is not

so easy as might be imagined. Cures are neither accurately nor certainly effected by reckoning up the symptoms, as one counts a flock of sheep, and hunting a medicine which may contain them all like a sheep-pen promiscuously! The symptoms themselves must be so appreciated that the most characteristic and important shall be ascertained in each case, *in order that the remedy possessing these symptoms in equal prominence may be selected.* All this requires on the part of the faithful and intelligent physician, the exercise of *judgment*, the highest faculty of the human intellect.

But if the solution of a problem so simple as the selection of a remedy in accordance with a fixed and universal law, requires the exercise of the best judgment, how much more is this requisite in the determination of the proper dose, which must be adapted to the ever-varying constitutions and temperaments of individual patients, and for which no such law can ever be established; these constitutions and temperaments necessarily being as numerous as are the patients themselves—no two individuals are ever exactly alike;—and they are still further varied and complicated by the innumerable forms and degrees of disorder with which they are affected in sickness. The *particular force* which may be suited to antidote an existing disease in the system may be more or less plainly indicated to the physician's mind, in accordance with the homœopathic law, by the presenting symptoms; but the *amount of that force* which will be sufficient to cure, can only be determined by the physician's judgment of the *dynamic condition and susceptibility* of the patient himself.

The following considerations, although far from exhausting the subject, may aid in the formation of an intelligent judgment as to the dose best suited to particular cases and classes of cases.

When beginning to apply the law of the similars in practice, Hahnemann found that in most instances the morbid condition of the sick was aggravated by the usual



allopathic doses. And ever since it has been observed that, the more closely the remedy corresponds to the case, the smaller the quantity required to exert a salutary influence and the greater the aggravation from large doses. To this observation there were, however, some exceptions, which at first seemed inexplicable: these will be explained in a subsequent portion of this paper, and their law of dose stated. The aggravation which usually followed the administration of allopathic doses on homœopathic principles, was plainly seen to be due to the *affinity-relation* subsisting between the affected parts, whose sensitiveness is morbidly increased, and the medicine homœopathic to these disordered conditions. And this was in accordance with the early experience of Hahnemann, who found to his delight that lessening the dose increased rather than diminished the medicinal virtues of the homœopathically indicated remedy.

But while the most brilliant success attended these prescriptions of Hahnemann in *acute cases*, even of the most violent and dangerous character, he presently learned, to his great mortification, that his *chronic cases* were palliated indeed, but seldom cured. And his persistent efforts to overcome this difficulty led to a twofold discovery of the utmost importance, through which his subsequent treatment of such cases as he had previously found incurable, was rendered successful almost to a miracle. This twofold discovery consisted *First*, in determining a class of remedies especially adapted to chronic diseases, and these, with reference to the theory by which he explained their action, he named *antipsorics*; and *Secondly*, this discovery consisted in that process of trituration and dilution, by which the most virulent poisons were removed from the possibility of acting as poisons, and in their new condition rendered as salutary as they were noxious in their original state; and by which substances inert and non-medicinal in their crude state, like carbon, chalk, and lycopodium,

were raised to a high degree of efficacy and value as remedies for the sick.

Our necessarily limited space forbids even the brief discussion of the *psora* of the founder of homœopathy, or of his new method of *dynamization*: we can only relate the bare facts of the manner in which he was led to the use of the *thirtieth potency*, and with it to make splendid cures. The practical conclusion usually drawn from this portion of our theme, and the one confirmed by almost universal experience ever since, may be concisely stated in the words of another: "*The first attenuations generally answer the best for maladies whose progress is rapid (acute disorders), while the last accord with those whose progress is tedious.*"\* The lower preparations, such as the *third* of the vegetable remedies, and the fourth and sixth of the mineral and animal poisons, will be found curative in many recent affections. While the more thoroughly potentized medicines, such as the *twelfth*, the *thirtieth*, the *two hundredth*, and even those still higher, will be found more efficient in the treatment of chronic cases, the most of which are complicated in their nature, deeply seated in the constitution, and either springing from or amalgamated with hereditary morbid conditions.

Since the majority of our physicians use the lower homœopathic preparations alone, there would seem to be little need of pointing out the forms of disorder and kinds of cases to which these medicines may be deemed more appropriate. But this is indispensable to any complete study of the dose. And it should be remembered that those who exclusively employ the high potencies, profess to treat with equal success even those disorders and conditions to which the low potencies are by others believed to be best suited. And I do not doubt but that this is true in respect to many of these disorders. While in regard to the others, the question is at once delicate, as affecting

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\* *Jahr, Symptomen Codex*, vol. i, p. 5.

the veracity of our friends, and difficult of final solution; since no two cases are ever exactly alike, and the second experiment cannot very well be made in fatal cases. My own personal belief, and some gleanings from my experience with the high potencies, may be found in the January number of the *Hahnemannian Monthly*, for 1869.

The lower homœopathic preparations, and even the crude drug, may be proper in cases of poisoning.

In some instances, the operation of the poison is prevented by its being chemically neutralized, and thus rendered harmless; as the hydrated peroxide of iron for arsenic. In other instances, the antidote, in itself comparatively innocuous, follows and destroys the poison even in the circulation; as caustic ammonia for viper-poison. In other cases, the best known antidotes appear to act in a *general physiological* manner; either stimulating the paralyzed organs to expel the dangerous matter, or exciting such violent reaction as may enable the system to endure the temporary effects of the poison; as camphor for strychnine, and large quantities of whisky for those bitten by poisonous serpents. In another class of cases, the action of the antidote is seen to be *particularly physiological*, or, in other words, exactly *homœopathic*. Such, indeed, may be the case with camphor *vs.* strychnine; such is certainly the case with belladonna *vs.* opium, and with opium *vs.* belladonna; with chloral *vs.* strychnine, and with electricity against poisoning with prussic acid.

As where the poison is chemically neutralized there needs to be some relative proportion of the quantity of the antidote to that of the poison, so where the morbid influence and its consequences are to be physiologically or homœopathically antidoted, there must be some quantitative relation between the cause and the cure. But this quantitative relation between the poison and its antidote becomes gradually merged into a purely qualitative relation, as the patient is farther and farther removed from the immediate action of the poison, and his symptoms



assume more the form of an ordinary disease. Thus massive doses of sulphate of quinine may be needed to save life in cases of *congestive chills*, where the amount of the miasmatic poison is so great that death often ensues from the third chill. While it is so well known that the thirtieth, the two hundredth, or, in some obstinate cases, a still higher potency, will readily cure chills of long standing, often with a single dose.

In like manner, recent *syphilitic* affections are more safely and certainly cured by substantial doses of the first triturations of mercury; while the old cases, even when complicated by all manner of mercurial and other drug disorders, are thoroughly cured only by the higher attenuations. In acute *mercurial* poisoning (salivation), the free use of chlorate of potassa or of nitric acid proves rapidly curative: when the mercurial influence is already complicated with syphilis or rheumatism, a similar employment of the iodide of potassa will work wonders. While for the remote or chronic mercurial symptoms, the higher and highest potencies of mercurius are certainly efficient. In the old syphilitic as well as in the old miasmatic cases, the original disorder is always amalgamated with the inherent *psoric* constitution of the patient; and for this psoric element, especially when thus complicated, the higher homœopathic preparations are alone sufficient.

Eruptive fevers correspond to cases of poisoning, to miasmatic disorders, and to syphilitic affections, both in the toxical nature of the causes by which they are produced, and in the lower and higher homœopathic preparations by which their earlier and later stages, respectively, may be best treated. And one especial object had in view in bringing cases of poisoning into this discussion was, to illustrate this correspondence and show that, as there must be both a *quantitative* and a *qualitative* relation between the antidote and the poison in cases of accidental poisoning, so also must there be a corresponding quantitative and a qualitative relation between the morbid in-



fluence and the remedies for it, in the earlier stages of eruptive fevers and of other classes of natural poisoning; this relation being similar, indeed, but not necessarily in the same proportion.

There is, most certainly, a vast difference between the quantity of *materies morbi* of scarlatina inhaled from the general epidemic influence in the atmosphere, and that absorbed into the system of a child who remains in a room lately occupied by a person affected with this disorder.\* The well-known fact that in some epidemics of scarlatina the cases are all comparatively mild, may be cited in proof of what has just been remarked. In both instances the poison is the same in kind; but in the one case the quantity is so small that the patient is scarcely confined to his bed, while in the other he may be destroyed in a single day. After all that can be said of the difference in constitution and various states of the system, we think a truth most important in practical therapeutics pertains to the relation between the quantity of morbid influence received and the consequent amount of disorder produced, and that of the dose of the remedy by which the one must be antidoted and the other removed. And we believe that this is just as true, although less obvious, when the morbid influence is physiologically, that is, homœopathically, antagonized in its operation in other organs, as when some toxical substance is antidoted or chemically neutralized in the stomach.

In cases where a large amount of poison has been received into the system—unless all vital reaction is rendered impossible—a corresponding amount and violence of disordered action is set up. And the medical reaction against this morbid action—as in the example of bell. *es.* opium—in order that it may prove effectual, must in some measure, although a much smaller one, correspond to it in

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\* One of the severest cases of scarlatina we ever attended occurred just in this way, in a perfectly healthy child.

amount and intensity, as well as in kind. Now, this term, *medicinal reaction*, is merely another name for the operation of an antidote working in a particular physiological or exactly homœopathic manner. This brings us back to the principle with which we set out at first, that of the lower homœopathic preparations being generally preferable in acute disorders. For these preparations, given in comparatively substantial doses, establish in the affected organism a drug action sufficiently rapid, gross, and powerful to enable them to become in a truly physiological, or exactly homœopathic manner, antagonistic to, and thus curative of, the morbid action already present in the system. And this is identical with Hahnemann's method of explaining "the operation of the therapeutic law of nature," in which a transitory, "medicinal disease, easily subdued by the vital powers," replaces the natural disorder. . . .\*

In exanthematous fevers, the lower homœopathic preparations answer very well for most cases—either to bring out and maintain the eruption, or to restore it when prematurely receding. But the *higher potencies* of the *antipsorics* alone can be relied on to prevent the various forms of acute serofulosis which so often follow scarlatina, or the pulmonary tuberculosis which threatens in many instances to succeed rubeola. These secondary serofulous affections, of course, occur solely in persons of psoric constitution, the primary eruptive fever being but a provoking cause,† and they can be best treated by these remedies in the higher potencies, from the thirtieth upwards. The lower preparations are, indeed, often sufficient to remove these secondary disorders, particularly the effusions which succeed scarlatina. I remember, however, a desperate case of post-scarlatinal dropsy (ascites and hydrothorax)

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\* "Organon of Homœopathic Medicine." By Samuel Hahnemann; Third Am. Ed., s. 28, p. 107.

† "Researches and Observations on the Causes of Serofulous Diseases." By J. G. Lugoll, London, 1844, p. 123.

which was completely cured by Arsenicum thirtieth, after this medicine in the fourth, and Apis mel. and Apocy can. in the mother tinctures, had been given without result.

Ferriar long ago observed that many of the so-called diuretics, even though removing the dropsical accumulations, did not prevent their return; that is, did not rectify the primary disorder in the system; and that others act like cream of tartar, which "often neither increases the urine nor stool and yet cures the dropsy."<sup>\*</sup> Such remedies, and in fact all that at the same time remove the effusions and prevent their return, are truly homœopathic to the whole case. One of the worst fallacies in the practice of medicine has prevailed in this very matter of the use of "diuretics" in the treatment of dropsy. Removing the products of this disease not only has no good effect in curing the disorder of the system, but by affording relief which is as short-lived as it is remarkable, brings disappointment to all concerned. Oftentimes, however, this temporary alleviation is all that the nature of the case permits. In a rheumatic patient with complete anasarca, ascites, and hydrothorax, who had been unable to lie down for many days when he came under my care, I had the satisfaction of seeing the water pass off by the pailful in twenty-four hours, under the influence of Arsenicum fourth in alternation with Apis third. But neither these nor any other medicines sufficed for the relapse which occurred,—apparently from going out in unfavorable weather.

The great extent of the suppurative process in variola seems to obviate any tendency to secondary serofulous formations in this disease; its most serious direct consequence being a profound exhaustion of the constitution,—such as may change a life of active usefulness to one of comparative inefficiency. But the absorption of purulent

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\* "Medical Histories and Reflections." By John Ferriar, M. D.; First American Edition, Philadelphia, 1816; p. 47.

matter in the maturation stage produces a renewed condition of poisoning, which must be antidoted by the lower forms of Arsenicum, or whatever other remedy corresponds to the developed symptoms. And a similar renewal of the original poisoning of the system may result from swallowing the putrid exudations from the fauces in malignant scarlatina and diphtheria. Pulverized charcoal in substance would probably absorb and render innocuous such poisons, if taken soon enough and in sufficient quantity. But in most cases the tender years of the patient,—which in the first instance prevent the removal of such putrid matters as they form in the throat,—and the dysphagia inseparable from such disorders, will effectually preclude the timely administration of this antidote. After the normal subsidence of the original eruption in a case of scarlatina complicated with diphtheria, I have seen it again produced in this manner, in company with inflammation of the bowels and rapidly succeeding mortification,—the whole system being specifically poisoned by the reception of these exudations into the stomach and their consequent absorption by the blood-vessels.

In some epidemics of diphtheria\* I have found the tincture of Aconite (prepared from the fresh root obtained in old gardens) and the second decimal triturations of *Merc. iod.* and *Kali bich.* almost invariably efficient. In the back country I have seen the strong solution of *Kali bich.*, and in still more desperate cases, *Ammon. caust.*, instrumental in saving multitudes from the most malignant forms of this disease,—such as swept away whole families under allopathic treatment. In the city I have known less severe cases of the same disorder prove fatal in spite of the employment of the high potencies by physicians of eminence. While in other hands the highest homœo-

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\* For a comparison of this disease with cerebro-spinal meningitis, which it much resembles, see "Frost's Berjeau's Syphilis," p. 152; and "Hahnemannian Monthly," vol. iv, p. 196.



pathic preparations of *Lachesis* and *Lycopodium* are said to have restored seemingly hopeless cases of the same complaint. Without assuming as some do, to impugn the veracity of those who have reported such cases,—physicians whom I know to be high-minded and truthful,—I am still of the opinion that the more malignant varieties of scarlatina and diphtheria are alike analogous to cases of *accidental poisoning*, not only in the actual fact of their resulting from special poisonous influences absorbed into the system, but also in the, to my mind, no less obvious fact that such cases of *natural poisoning* are best treated by the appropriate homœopathic medicines in substantial doses,—such as the third and fourth attenuations. But it should be observed here that even in these forms of disease, as well as in others, persons of exquisitely delicate constitutions may easily be injured by medicaments so gross, and can only be cured by the finer preparations, from the thirtieth upward. All such cases will be considered when we come to discuss the peculiar and appropriate sphere of the high potencies.

And if it be asked why I do not include *ship fever* and *typhus* in the same category with the above-mentioned malignant disorders, I would reply that these disorders do not appear to arise from the exclusive action of specific poisons, but are developed under certain morbid influences in connection with profound exhaustion of the vital forces and corresponding lesion of the most interior vital functions. This portion of our theme is, therefore, reserved for consideration in a subsequent paper.

Eruptive fevers\* belong to the class of what are called self-limiting disorders, which run a certain definite course, and which, in the milder varieties, at least, and except in

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\* With these may be classed *yellow fever*, which, like them, springs from a special virus, usually occurs but once, and which like them, also, most generally yields best to the lower homœopathic preparations, *vide* Dr. Wm. H. Holcombe's Report, "N. A. Jour. Hom.," No. XI; "Bæhr's Practice," vol. i. p. 699.

so far as they develop secondary affections, may be said to terminate naturally in health. The same may be affirmed of typhus and typhoid fevers; for it is believed that the majority of the cases of these disorders will recover under favorable circumstances of good nursing and without any other interference with the course of nature. But with the other disorders already mentioned the natural course is very different. The miasmatic poison, even when apparently abated by removal to another latitude, never fails to induce life-long disorders. When not counteracted by medicine, the poison of diphtheria, even if it do not at once prove fatal, inevitably inflicts serious injury upon the system. While that of syphilis, never becoming immediately fatal, and never subsiding of its own accord, not only increases its ravages till the constitution is undermined and life itself at last destroyed, but also perpetuates itself in all children begotten after its own influence commenced.

With the exception of the marsh miasm, these different poisons are infectious in various degree; that is, transmissible from one person to another. We come now to a class of animal poisons, happily few in number and seldom seen in the human subject, which are as malignant and rapidly destructive as they are immediately infectious and intensely contagious. The principal of these are the *glanders* in horses, and the infection of the *cattle plague* in other animals. The former of these only, so far as is known, has been imparted to man; and until quite recently such cases have always proved incurable. "No poison yet known to chemists can approach, even in a faint degree, the tremendous energy of the active agent of infectious diseases. A poison may be organic, but it is not organized. It may kill with far greater rapidity than the virus of infection, but unlike the virus, it cannot multiply itself in the animal economy to such an extent as to endow, within a few hours, every portion of its juices with the power of producing similar results. A virus, on the

contrary, renders the liquids of an infected animal as virulent as the original germ.”\* Such is the nature of the poison which the lately discovered *carbolic acid* is found capable of antidoting. A case of glanders in man, cured by the internal use of this remedy, is reported in the Proceedings of the Minnesota State Medical Society, for 1871.† The same drug, externally applied, has proven effectual in destroying the septic germs of the infection of cattle-plague in exposed animals; and its internal exhibition in a similar manner rescues those already attacked.‡

Hahnemann teaches that “by far the greater number of diseases are of dynamic origin, as well as of a dynamic nature.”§ These belong to another portion of our subject. But the disorders which we have thus far considered, take their rise in some *materies morbi*, which is none the less a substantial entity because in certain instances it may exist invisible in the atmosphere, and which in other instances is all the more removed from the category of pure “dynamic influence” from assuming the form of virulent cell-germs, alike living and capable of reproducing themselves. And the two last mentioned of these disorders are here introduced, not on account of their frequent recurrence in practice, but from their affording an excellent illustration of the principles we wish to inculcate. In both these malignant, infectious diseases—glanders and cattle-plague—diseases which are maintained by the presence of actual living germs of special virus in the system, and which are imparted to others, men and animals, by these germs being conveyed to them,—the appropriate remedy must be administered in substantial doses. For in both these two classes of cases it acts, as stated in general terms in our

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\* “On the Application of Disinfectants in Arresting the Spread of Cattle Plague.” By Wm Crookes, F.R.S., *Am. Jour. Med. Sciences*; July, 1867; p. 151.

† “New Remedies,” edited by H. Wood, Jr., M.D.; vol. i, p. 66.

‡ Mr. Crooke’s “Report,” *loc. cit.*

§ “Organon,” Introduction; p. 26.

first paper, by *following and destroying the poison even in the circulation*. "Carbolic acid acts by attacking vitality in some mysterious way. In the presence of this agent, the development of embryotic (germinal) life is impossible, and before its powerful influence all minute forms of animal life must inevitably perish."\*

Where can be found, or who could demand a stronger proof of the truth of the homœopathic law, than that here presented by allopathic authorities, and otherwise well known as a scientific fact in physiology and in pathology? Dr. Beale, an eminent English physiologist, states that the cell-germs, or germinal matter, of these malignant and infectious diseases cannot under the microscope be distinguished from the healthy cell-germs or normal germinal matter of the blood. He says that "a minute particle of the germinal matter of the most malignant tumor, or the most rapidly growing pus-corpusele, resembles in every particular that can be ascertained, a minute particle of healthy, living, germinal matter from the blood or from any tissue." Now, it is evident that this powerful anti-septic agent, *carbolic acid*, which, given in comparatively small doses, destroys this infectious germinal matter in the blood or in any tissue, and which, externally applied, destroys it on the surface, will *certainly destroy all the normal vital germs in the blood and every tissue, if it is given in doses sufficiently large!* In fact, this agent has produced death in three minutes!† In carbolic acid, then, we find a homœopathic agent pure and simple: since in small quantities it saves life exactly in the same manner that in large quantities it destroys life.

(To be continued.)

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\* Am. Jour. Med. Sciences, cvi, p. 163.

† Case reported by Dr. W. E. Taylor, Philadelphia "Medical Times," May 1, 1872.



## COUGH CHARACTERISTICS.

BY DR. HIRSCHHEL.

(Translated from Hirschel's *Klinik*, Oct., Dec., 1872, by S. Lillenthal, M. D.)

## 1. ACCORDING TO THE SEAT OF THE COUGH.

a. *Affections of the larynx and trachea*: Acon., Bell., Brom., Cham., Con., Hepar, Hyosc., Ign., Ipec., Jod., Kali. bichr., Lauroc., Merc., Nux v., Op., Phosph., Puls., Sep., Spong., Sulph. Ambra, Lact. vir., Acid nitr.

b. *Affections of the bronchi and lungs*: Acon., Ant. tart., Arn., Bell., Bry., Calc. carb., Cham., Dros., Dulc., Hepar, Hyosc., Ipec., Jod., Kali. bichr., Merc., Nux v., Op., Phosph., Puls., Senega, Sep., Sulph., Veratr. alb. Ammon. mur., Arsen., Carb. veg., Caust., Chin., Cina, Cupr., Ferr., Nitr. acid, Stann.

c. *Affections of the brain and spinal cord, or, especially, the vocal and respiratory nerves*: Bell., Cham., Con., Dros., Hyosc., Ign., Ipec., Lauroc., Nux v., Op., Phosph., Veratr. Ambra, Caust., Chin., Cupr., Lact. vir.

d. *Heart and large bloodvessels (reflex cough)*: Acon., Bell., Lauroc., Op., Phosph., Veratr. Arsen., Nitr. ac.

e. *Stomach and intestinal canal (sympathetic cough)*: Ant. tart., Bry., Calc. carb., Ipec., Nux v., Puls., Sep., Sulph., Ver. Amm. mur., Arsen., Chin.

f. *Pharynx, uvula, and adjacent parts (cough by radiation)*: Bell., Bry., Hep., Merc., Nux v., Phosph., Puls., Sep., Sulph., Ver. Carb. veg., Nitr. acid.

## 2. ACCORDING TO THE MORBID PROCESS.

a. *Catarrhal state*: Acon., Ant. tart., Arn., Bell., Brom., Bry., Calc., Dros., Dulc., Hep., Ipec., Jod., Kali. bichr., Merc., Nux v., Puls., Seneg., Sep., Spong., Sulph., Ver. Ammon. mur., Carb. veg., Caust., Nitr. ac., Stann. For simple acute catarrh with fever: Acon., Bell., Bry., Merc.: during the first stage: Acon., Bell., Brom., Bry., Dros., Ipec., Jod., Kali. bichr., Merc., Nux v., Spong.: in the second stage, the cough loosening: Ant., Hep., Puls., Seneg., Ammon. mur.; for chronic forms: Calc., Dros., Hep., Jod., Puls., Seneg., Sep., Sulph. Ammon. mur., Arsen., Carb. veg., Chin., Ferr., Nitr. ac., Stann.

b. *Inflammation*: Acon., Ant. tart., Arn., Bell., Brom., Bry., Calc., Hep., Jod., Kali. bichr., Merc., Phosph., Spong., Sulph. Arsen., Nitr. ac.

c. *Organic morbid process* (with changes in the texture): Ant. tart., Arn., Brom., Bry., Calc., Con., Hep., Jod., Kali. bichr., Merc., Phosph., Seneg., Sep., Sulph. Arsen., Carb. veg., Chin., Nitr. ac., Stann.

d. *Nervous morbid processes* (of peripheric or central origin): Bell., Cham., Con., Dros., Hyosc., Ign., Ipec., Lau-roc., Nux v., Op., Phosph., Sep., Veratr. Ambra, Arsen., Caust., Chin., Cina, Cupr., Lact. vir.

### 3. ACCORDING TO THE SPECIES OF THE DISEASE.

a, b. *In laryngeal and tracheal catarrh*: Acon., Ant., Bell., Brom., Con., Hep., Ipec., Jod., Kali. bichr., Lauroc., Merc., Nux v., Op., Phosph., Puls., Sep., Spong., Sulph. Ambra, Lact. vir., Nitr. ac.

c, d. *In bronchial and pulmonary catarrh*: Acon., Ant., Arn., Bell., Bry., Brom., Calc., Dros., Dulc., Hep., Ipec., Jod., Merc., Puls., Seneg., Sep., Sulph., Spong., Ver. Ammon. mur., Arsen., Carb. veg., Chin., Ferr., Nitr. ac., Stann.

e. *During an influenza we either use the antiphlogistics*: Acon., Bell., Brom., Bry., Jod., Merc., Phosph., Spong.; *or the antispasmodics*: Caust., Cham., Con., Dros., Hyosc., Ipec., Op., Phosph., Veratr.; *when the cough becomes loose*: Ant., Hep., Puls., Seneg.; *in the chronic forms*: Ammon. mur., Arsen., Calc., Carb. veg., Chin., Ferr., Sep., Sulph.

f, g. *In laryngitis and tracheitis*: Acon., Ant., Bell., Brom., Bry., Hep., Jod., Merc., Phosph., Spong.

h, i. *In bronchitis and pneumonia*: Acon., Ant., Bell., Bry., Hep., Jod. (Kali. hydrojod.), Merc., Phosph., Seneg., Sulph. Arsen., Chin.

k. *In croup* (angina membranacea): Acon., Ant., Brom., Hep., Jod., Merc., Phosph., Spong.

l. *In pseudoplasmata, ulcerations, disorganizations* (cancer, gangrene), *disturbances of canalization* (bronchiectasia, emphysema, strictures), *atrophy, cirrhosis, tuberculosis in larynx, trachea, bronchi, and lungs*: Ant., Ammon. mur., Arn., Ars., Brom., Calc., Carb. veg., Chin., Con., Dros., Ferr., Hep., Jod., Kali. bichr., Lact. vir., Merc., Nitr. ac., Phosph., Seng., Sep., Spong., Sulph., Stann., or some others, as intermediate remedies.

m. *In simple spasmodic cough of peripheric or central origin*: Bell., Cham., Con., Dros., Hyosc., Ign., Ipec., Lauroc., Nux v., Op., Phosph., Veratr. Ambra, Caust., Chin., Cupr., Lactuca.

n. *In whooping-cough*: Bell., Bry., Con., Dros., Hep., Ipec., Lauroc., Puls., Veratr. Ambra, Arsen., Cina, Cupr.

o. *In stenosis of the glottis* (comp. Samb.): Brom., Bell., Jod., Phosph., Spong.

p. *In nervous bronchial asthma*: Bell., Cham., Con., Dros., Hyosc., Ign., *Ipec.*, Lauroc., Nux v., Op., *Phosph.*, Sep., Ver. Ambra, Arsen., Lact.

q. *In angina pectoris or reflex cough from organic disease of the heart* (based on pulmonary stasis): Acon., Bell., Bry., Calc., Hyosc., Ign., Lauroc., Op., Phosph., Sulph., Ver. Arsen., Carb., Ferr., Lact., Nitr. ac.

ACONITE is the first remedy in the PRIMARY stage of catarrhs (as coryza, influenza, simple acute catarrhs, and of all *inflammatory* states of the respiratory organs, especially when fever is present. The form of the cough is of no value, for at that stage it suits a loose as well as a dry cough. Its action must be prompt, or we pass over to more deeply penetrating remedies. We also use it in chronic coughs for intercurrent acute aggravations—cough with expectoration of blood.

ANTIMONIUM TARTARICUM.—Cough *rattling*; it sounds loose without being loose; cough with vomiting of food after eating; stertorous tracheal and bronchial rattling. The rattling necessitates sitting up, with vomiting, or the dyspnœa and fear of suffocation. In the teething cough of children, where we frequently hear the rattling from afar, and disappearing after the paroxysm of cough. In pneumonia with high-graded hepatization; it aids expectoration when resolution begins to take place. In chronic bronchial catarrhs, emphysema, bronchiectasy, senile catarrhs. It gives great alleviation in tuberculosis pulmonum, but also more rapid dissolution of the tubercles, and hastens the downward course. In croup as an intermediate remedy for the solution, and to keep off paralysis. It acts well in such cases without producing emesis.

ARNICA.—Dry, concussive cough, with difficult or *bloody* expectoration; titillation in the trachea. It frequently disappointed me, though all the symptoms pointed to bloody expectoration, as bloody taste, sensation of hot vapors rising up. (Aconite frequently acts better, or Ferri sesquichlor, Ergotine.) It may act better where traumatic causes are found. In hooping-cough (with crying spells) it fails to relieve.

BELLADONNA.—Great sensitiveness, in contradistinction to the irritable Aconite. Vasomotory stimulation with increased nervosity. Chief remedy, therefore, for sensi-



tive persons, women, children, for erethic inflammatory forms, not for croupy, plastic ones, for spastic states. *Cough dry, barking, spasmodic, in paroxysms*, with titillation in the trachea or bronchi; *aggravation at night*, and then continuous; sensation as of having swallowed dust; *amelioration from anything cold*; sensation of constriction in throat, difficulty of swallowing; congestion to the head; stitches in the chest. In simple catarrhs, in inflammatory forms with more catarrhal character (larynx, trachea down to the lungs), especially in the first stage; more in bronchitis, especially capillaris, than in pneumonia; in the beginning of whooping-cough; influenza; in affections of the brain, spinal cord or heart; inflammations of parts adjacent to the respiratory organs. In stenosis of the glottis in bronchial asthma. As an intercurrent remedy in chronic cases. Examination of the affected parts shows a pinkish, smooth redness in the pharynx, uvula, and fauces.

BROMINE, IODIUM, and SPONGIA have this in common, that they especially cure the affections of the upper parts of the respiratory organs; that they correspond to dry cough, if of catarrhal, inflammatory, or organic origin. All are deeply penetrating and reliable remedies, but practical tact must decide the choice in their application. *Spongia* might be considered the most volatile and dynamic; *Brom.* is materially incisive, forcible, and helps quickly, where indicated; *Iodine* is the strongest, but most slow in its action. They are the chief remedies in the affections of the larynx and trachea (catarrhs, inflammations, especially croup, changes in texture), also in stenosis of the glottis; Iodine alone has also some relations to the bronchi, and even to the pulmonary tissue. According to the symptoms we find in *Brom.*: dry, croupy cough with scraping titillation and hoarseness. The latter is a special indication for Brom. Where small follicles are found on the posterior mucous membrane of the pharynx, extending from there to the larynx, and producing continued titillating cough, Brom. is specific; also in swelling of the mucous membrane of the fauces and pharynx. The larynx is painful to the touch. In *Iodine* the cough is also dry, croupy, with the well-known sound, with titillation; sensation of soreness in larynx; barking, with gray or white, salty, sweetish expectoration; shrill whistling and rattling in the chest; sawing, hissing respiration and



oppression. The subjective sensation of soreness and pain frequently extends to the upper third of the sternum. Hoarseness; difficult speech; expectoration of tough mucus. I frequently witnessed from Iodine splendid effects in long-standing laryngeal catarrhs with the above symptoms; it alleviates in tuberculosis; in croup it is our last anchor, where Spong. and Brom. fail. It is not an easy matter to select from these three remedies; each may be indicated according to circumstances. *The more plastic the exudation, the more Iodine is indicated.* Anatomically, we might say *Spongia* is more suitable for stasis, simple inflammation; *Brom.* for swelling and hypertrophy of the mucous membrane; *Iodine* for the exudation. *Spongia*, whose indications in the main correspond to those of Iodine (whistling, short, dry, barking cough at night and also in daytime, with painful sensation in the larynx), is in the main the most important remedy at the outset of croup; frequently cuts it short, and acts specifically and in the shortest time in pseudo-croup, or in the closely related inflammatory or highly catarrhal forms; also in influenza. On account of its volatile action, it suits far less the organic and chronic forms of cough, than the related Brom. and Iod.

BRYONIA stands in close relation to the chest. It frequently follows Aconite, to remove the débris, and is, therefore, in a certain way, more powerful than Aconite, which acts more on the general state and less on the local, and *vice versa* in comparison to Mercurius, the latter acting more on the local state, whereas Bry. affects the general state. We consider Bryonia our great remedy to bring on *resolution* in catarrhs, resorption in inflammation, chiefly indicated in the second stage, for slightly plastic but not high-graded inflammatory forms in croup. It is the chief remedy in bronchial affections (therefore in influenza); in catarrhal pneumonia, only applicable where hepatization passes over in resolution, or where the pleura is at the same time affected; perhaps, also, in chronic pneumonia. Corresponding to the character and seat of the bronchial affection, the Bryonia cough is concussive, coming dry from the sternal region, as if the chest would burst, with scanty, yellow, or blood-streaked thin mucus, frequently with vomituration and vomiting, especially after eating, with status gastricus, difficulty of breathing, pleuritic stitches, muscular pains, sensation as if the chest

or head would burst; dryness and sensation of soreness in the throat and below it.

CALCAREA CARBONICA is not exactly a cough-remedy. The cough-symptoms are not sharply defined in the provings. We find among others dry cough, sensation of dust in the throat, thick mucous expectoration. But Calcarea is our chief remedy in scrofulosis and tuberculosis, and therefore beneficial in many chronic coughs, especially in ulcerative processes of the larynx, or in other kinds of cough, resting on an organic base.

CHAMOMILLA is a grand antispasmodic, especially in women and children. I hardly ever use it, as other remedies give better indications. "Dry tickling cough" is found in many remedies; but the picture of nervous bronchial asthma is beautifully given in the symptom: suffocative constriction of the chest as if the throat were throttled, with constant desire to cough.

CONIUM corresponds to the same sphere, but its action also takes in organic metamorphosis. Its cough is periodic, dry, caused by an itching, scraping titillation in the throat, or under the sternum; short convulsive cough excited by horizontal position, *speaking or laughing*. The two latter exciting causes of the cough are decisive for the choice of the remedy, as we know from experience. The irritation of the cough is seated in the trachea or in the upper bronchi. In whooping-cough it suits towards the end of the nervous stage, after Drosera, when speaking and laughing cause paroxysms, whose power and duration is already broken. In nervous bronchial asthma it shows good effects and certainly brings alleviation in organic cases.

DROSERÄ gives very clear indications. The cough comes in fits, with long intervals; the cough during the intervals is short, not exhausting, and the patient considers them trifles in comparison with the tormenting cough. The fits begin mild, short, increase during the course of the disease, the cough is unceasing, in quick succession, forces to sit up, always begins with titillation and renewed inspiration, till finally after a few minutes up to a quarter of an hour or more, vomiting of some mucus (rarely of food) sets in, which finishes the paroxysm. The cough seems to come from the very depth, from the abdomen as it were, convulses all the muscles of the chest and abdomen, which remain painful for a long time, and the patient feels greatly exhausted after the fit. The fits are

frequently aggravated at night by lying down. They are plainly of a spastic character, depending on an irritation of the vagus, and attack the bronchi. We meet them in hooping-cough, in bronchial catarrh, after bronchitis, in senility, in connection with emphysema, bronchiectasy. I witnessed splendid effects from *Drosera* in such cases. After taking it for a few days, the intervals become longer, the fits shorter, milder, till they disappear without any visible local crisis. We only use the low dilutions, second or third every three to four hours. Paroxysms always remind us of *Drosera*.

*HEPAR SULPHURIS* suits those cases which are so far advanced by *Acon.*, *Bry.*, *Brom.*, *Merc.*, *Jod.*, or *Spongia*, that they passed into the stage of resolution. It is our most important remedy where in acute forms this resolution has been prepared, or in moist coughs, resting on a catarrhal or organic base, in the upper as well as in the lower respiratory organs. In croup as well as in pneumonia it can only be indicated in the second stage. It suits tuberculosis far less than cheesy and chronic pneumonia. It may also be indicated in gastric and intestinal catarrhs or complications, or in sympathetic cough, or in such ones extending from inflammations of adjacent parts of the mouth and fauces. Any one wishing to see a primary aggravation on the third trituration from a homœopathic remedy, may give *Hepar* too early, and the moist cough becomes dry again. But still I never saw any benefit from higher dilution. Hoarseness, scraping irritation in the larynx or in the lower parts, mucous râles, are important indications for this remedy, acting on the plasticity of these processes.

*HYOSCYAMUS* differs from *Belladonna* in its purely anti-nervous nature without any relation to the vasomotory element. The nightly aggravation of a dry, spasmodic, titillating cough in the trachea, aggravated by lying down, is most important. It has frequently disappointed me.

*IGNATIA* is only suitable for coughs of central origin, as from spinal irritation (hysteria), or where in hysterical persons, catarrhal, laryngeal, and tracheal affections take on a nervous character. Perhaps, also, in bronchial asthma, angina pectoris of such patients. The cough is tickling, dry, as from dust or sulphur-vapors, constricting in the pit of the throat, with the globus hystericus and similar symptoms.



**IPECACUANHA.**—Spasmodic or catarrhal *titillating cough*, or *suffocating cough* with dyspnœa, *nausea*, *vomiturition*, especially at the end of a paroxysm, or with expectoration of a scanty, albuminous, *nauseous mucus*; or if mucous râles and vomiting of food (but in a less degree than from Tart. emet.) is present. The inclination to vomit and the absence of every inflammatory irritation, and the tendency to resolution, are indications for this remedy. Gastric catarrh, bronchial asthma, more in bronchial than in laryngeal affections. In hooping-cough only towards the end. It has especial relations to the vagus, and suits well women and children.

**KALI BICHROMICUM** with its dry titillating cough, expelled at short intervals, and ulcerative pain in the larynx, is related to Brom., Spong., Jod., but suits better medium and tedious cases. Characteristic is a *smooth or follicular inflammatory redness of the pharynx and fauces*.

**LAUROCERASUS.**—Constant irritation and titillation, short cough, dyspnœa, a *nervous cough emanating from affections of the heart*. I saw lately splendid effects from it on a stenosis of the mitral valve. The patient coughed continually for several nights, as soon as he laid down. One dose Lauroc. 1st; he slept and could lie down, and did not cough for a whole week.

**MERCURIUS.**—*Roughness, burning, sensation of soreness* in the throat and under the sternum, hoarseness and covered voice, the cough dry, rough, concussing, exhausting, aggravated at night; expectoration tough, watery, like saliva, foul, with streaks of blood, catarrhal headache, fluent coryza, diarrhœa, fever; sweating fails to relieve. Its position is perhaps after Aconite, before Bry., or Puls., or Hep., or Tart. emet., inducing the crisis, which the others carry to its terminus. Mercur. is the sovereign remedy for bronchitis and inflammatory bronchial catarrhs.

**NUX VOMICA** has only a limited application in cough, especially where the pharynx and fauces are affected. The cough is scraping, rough, with irritation in the throat or under the upper sternal parts, with difficult expectoration of tough mucus, awakening from sleep in the morning, renewed or aggravated by vomiting and eating. Dry coryza, influenza, or general simple catarrhs.

**OPIMUM.**—Spasmodic cough with continued dry, titillating cough, allowing no rest either by day or night. In every other case, as in the cough of phthisical patients, where



it keeps off the nightly paroxysms, it acts only palliatively by its *narcotic* quality; but for such a purpose strong allopathic doses are necessary.

PHOSPHORUS.—The indications for Phosphorus in nervous cough are similar; this remedy may also be compared with Bellad. and Drosera. In Opium one might say the titillation is the chief indication; in Phosph. the cough is more tormenting. The irritation from Phosph. is not so continuous as that of Opium. In Belladonna also the cough is more mild—not so deeply seated. The similarity with Drosera consists in this, that in both the cough comes in paroxysms with intervals. The cough in Phosph. is cut off short, rough, sharp, dry; between every single coughing sound is a short interval, which is wanting in the Drosera cough, where they follow one another in quick succession; the cough does not begin with deep inspiration, but the expiration prevails; the patient keeps coughing when lying down, without any necessity to sit up for it, and the fit does not terminate with expectoration or vomiting of mucus, but ceases gradually. Neither does the Phosphorus cough come so apparently from the depth of the abdomen; the patients rather point to the upper or lower respiratory organs (larynx, bronchi, lungs). It is quite certain, that in such nervous coughs Phosph. is a grand remedy, hence its splendid effects in stenosis of the glottis, in coughs from bronchial asthma, in angina pectoris (cardiac cough); Phosphorus is of equally great value in catarrhal, inflammatory, or organic diseases of the respiratory organs. We find it everywhere in laryngeal, tracheal, bronchial, and pulmonary catarrh up to inflammation even in the most croupous form, or terminating in pseudoplasms and disorganization of the tissue. The painfulness of the larynx to the touch; the different pains, soreness, stitches, burning; the expectoration of foamy, sticky, purulent, salty, sweetish, brown, rust-colored, bloody mucus; the cough aggravated by speaking, laughing, eating, motion; hoarseness and aphony; shortness of breath and orthopnea; the great debility and prostration, the fever—all of them prove the deeply penetrating action of this remedy, still showing its power even in emphysema and tuberculosis. In a fit of coughing during measles, where the child for twelve hours steadily felt irritation to cough, and expectorated only a little foam and blood, after all other remedies failed, a single dose Phosph. 2d stopped

it permanently. In pneumonia it will always remain our sheet-anchor, and it prevents in croup, paralysis, and narcosis through the carbonized blood.

PULSATILLA shows a remarkable similarity to Hepar, showing itself also therein, that when given too early even in the third dilution, it will produce aggravation and renders the cough dry after resolution set in. Puls., like Hepar, suits only moist cough with copious mucous expectoration, especially yellow, whitish, salty, towards the end of catarrhs, or in chronic catarrhs. Pulsatilla encroaches not so deeply upon the metamorphosis as Hepar, and is, therefore, only a palliative in chronic organic cases. It is especially indicated for mucous râles, where asthmatic disturbances arise from the accumulation of phlegm (emphysema, with catarrhal irritation in the throat, amelioration in the fresh air, aggravation in the evening and at night. It is a specific in those cases where the cough is moist during the day, with dry, titillating cough at night in a recumbent position.

SENEGA has great power of aiding the expectoration of tough phlegm in torpid states of the laryngeal and bronchial mucous membrane, as we find it in old persons; in lax, phlegmatic constitutions and in chronic catarrhal difficulties, in emphysema, in asthma senile, in bronchiectasia, in tuberculosis. It aids in removing the remnants of inflammatory catarrh with long-continued coughing spells, or where in the hepatization of acute pneumonia resolution is tardy, or in chronic cases with cheesy infiltrations.

SEPIA —The provings of *Sepia* show dry and moist cough, even copious expectoration of white, saltish mucus or of pus. I find it effectual in that dry cough which is so characteristic for tuberculosis. We find titillation in the trachea, sometimes a covered, deep voice without timbre, sensation of dryness in the chest or throat, dry, croaking, deep cough, somewhat ameliorated when lying down. After great labor some mucus may be expectorated, which is tough, slimy, or albuminous. Next to Calcarea, *Sepia* is for me a chief remedy in tuberculosis. I also use it successfully in chronic catarrhs, especially when they are complicated with chronic gastric catarrh, or where venous stasis is present. Taking all in all the action of *Sepia* is less extensive, and its selection must be well studied.

SULPHUR allows a far more extensive application in chronic forms; less, perhaps, by its specific relations to cough than

by its vasomotory effect and by its power of causing a reaction in the metamorphosis. It acts favorably where the course of the disease is slow, without coming to any decision in acute cases, as in catarrh or inflammation (Sulphur effectually dissolves hepatizations), as well as in chronic diseases of the respiratory organs and of the heart. Sulphur shows in the provings all sorts of coughs and many different expectorations, but the constitution of the patient and the adjectiva of the disease give us hints for its selection. Wherever a dyscrasia is on hand the physician remembers Sulphur.

VERATRUM.—Just as *Veratrum* shows great similarity to *Ipecacuanha* in affections of the stomach and intestines, so also in cough. The titillation in *Veratrum* is only somewhat lower down, with a sensation of constriction in the throat; the oppression, the nausea, the vomiting of food and mucus after the cough is stronger after *Veratrum*, and the paroxysms approximate more to the forms of *Belladonna* or *Drosera*, with longer intervals. We might say, that in *Veratrum* the spasmodic element prevails; in *Ipecacuanha* the catarrhal one: thus the frequently decisive action of *Veratrum* in influenza, in simple spasmodic cough, in whooping-cough, next to *Bell.*, *Dros.*, *Con.*, *Cupr.*, in nervous bronchial asthma, in stenosis of the glottis, or in angina pectoris.

## CLINICAL CASES.

BY DR. SEWARD.

### *Hamamelis in Typhoid Fever.*

A PATIENT who had been sick with typhoid fever two weeks, had an attack of diarrhœa, dark and fetid, running into hemorrhagic discharges, large, of black, grumous, fetid blood, under which the patient sank rapidly, was pale and excited, slightly delirious, fearful of death. Gave *Rhus tox.*, in solution, the 6th, often for five or six hours with no benefit. I then used *Ham.* 3d, in solution, once in two hours, and also by injection. After second injection no more movements in six days, and until tepid water injections; recovered rapidly; used other remedies after three days.

### *Rhus Rad. Poisoning.*

In an article in the Transactions of the N. Y. State



Hom. Med. Society for 1870, on Rhus Poisoning, by S. M. Griffin, at page 324, he says there is no *recorded remedy* EFFECTUAL for Rhus Poisoning (I suppose Rhus rad.), and says he learned from the people how to cure it, by using an external remedy, the "*Verbena hastata*," and that he has perfect cures. This I *doubt*, and I think he will doubt also if he keeps his eye on his cases awhile.

I affirm there is a remedy, "well known and recorded," which will cure the Rhus rad. poison in a homœopathic and sure manner every time, if used according to the principles of Hahnemann, viz., in the single dose, the Rhus tox., the nearest relative to the Rhus rad.

If the Rhus rad. poison has pervaded the organism thoroughly, the itching and burning eruption will be increased for two or three days, and then fade and disappear.

Like many other diseases, the poison of the Rhus rad. is aggravated by a repetition of the curative remedy. I have cured scores of cases of Rhus rad. poisoning with Rhus tox. alone. No other remedy is needed, if not complicated with psora;—if so, the indicated remedy must be used after the Rhus tox.

I will give one or two cases.

Mr. B., while botanizing, got poisoned by Rhus rad. Used domestic remedies; grew worse. Met an old school doctor who said it was easily cured, and gave him a recipe for a salve, which he declared would cure it soon, but it only made it worse. I was called in; gave one dose of Rhus tox., 30; the case was aggravated for three or four days, but in a week was well.

I prescribed for a young man, poisoned by Rhus rad. who chewed tobacco. I said to him I would not warrant a cure unless he omitted the tobacco; he took the medicine, went his way, and continued chewing the weed. Some months after he came again for a prescription for Rhus rad. poisoning; I repeated the same injunctions respecting tobacco; he said, "I guess it will—it did before."

#### *Cures by Calc. Carb.*

I was called to visit a lady who had been some three weeks sick with pneumonia, under what was called homœopathic treatment. She had the following symptoms when I visited her: emaciated, pale, and weak, with a loose cough; the expectoration of two kinds, grayish and fetid, and yellow and not fetid; disease in left lung; tongue badly



coated, dirty-looking, and nasty taste; no appetite; feet and legs to knees swelled very large; could not lie down, or rest her head back. I gave one dose Calc. carb. 30, and blanks; she was soon relieved, and could lie and rest at an angle of 45 degrees the second night, and could lie naturally by the fourth night; the fetid expectoration soon ceased; tongue cleaned; appetite came on the fourth day, very hungry; cough disappeared; she convalesced very rapidly.

*A Case of Diarrhœa cured by Calc. carb.*—A babe, aged 5 months, very weak, pale, colorless; stool the color of milk; an old look; evidently calling for Calc. carb.

The doctor was giving two medicines, in alternation, one hour apart, viz., Puls., Cham. The doctor's reasoning was: "You know Puls. is good for digestion, and Cham. is good for teething," &c.; so gave both. I gave one dose Calc. carb. 30, and advised nothing more unless the child did not improve; one more dose of 2<sup>o</sup> in a day or two; got nothing more; improved, and was soon well.

## POISONING BY NITRO-BENZINE.

BY DR. ROBERT BAHRET.

(TRANSLATED BY S. LILIENTHAL, M.D.)

1. EVEN with a fatal dose of nitro-benzine the poison may remain latent for one or two hours.
2. Such latency does not depend *a*, on the difference of the preparation; *b*, at least not directly on the quantity of the poison; *c*, neither on the existing potatorium of the poisoned person.
3. Even at this latent period, during which the body appears in its normal state, there is one symptom setting in immediately after taking the poison, a *peculiar grayish-blue color* of the skin (peculiarly cadaverous and not similar to cyanosis).
4. *Great frequency of the pulse* and *faltering respiration*, *unconsciousness*, suddenly or gradually setting in, *dilatation of the pupils* are constant symptoms; vomiting and convulsions are usually present, but not always. A passing amelioration is possible, even in fatal cases.
5. Poisoning by nitro-benzine characterizes itself in

contradistinction to poisoning by prussic acid (with immediate appearance of symptoms, red blood, 1, by a longer period of latency; 2, by the grayish-blue color of the face; 3, the blood being of a dark-brown color. The smell of bitter almonds belongs to both intoxications.

6. Therapeutically we recommend, *a*, in fresh cases, the application of the stomach-pump; or, if not at hand, an emetic; *b*, inhalations of ammonia; *c*, copious transfusion (more than sixty grammes of defibrinated blood).

7. Autopsies constantly show—*a*, a smell of bitter almonds; *b*, the blood dark-brown, and of great fluidity; *c*, extreme and continuous stiffness in death. Hemorrhages in different parts of the body have been frequently observed, but are not constant, and the same is the case with the brown color of the muscles.

Very peculiar is the slow and continuous rotation of the bulbous to the right and left, which was observed in two cases.

The oleum mirrani is now produced in large quantities to make soap and in the preparation of aniline colors, and in consideration of its latent period, it offers favorable chances to smart criminals or for suicides, as it allows them plenty of time for the removal of the poison; but the smell of bitter almonds always remains for some time on the corpse, and will arouse the suspicion of a careful observer.—(A. H. Z.)

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## SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

### *Amputation of the Leg.*

HENRY L. VAN METER, aged 10, of Westchester, Pa., a patient of Dr. Wood, fell when three years old and broke his left leg at its middle third. Attended by allopathic physicians of the place, bony union failed to take place through some constitutional defect probably, and the lower portion of the limb was firmly fixed at right angles to the upper. The boy, for seven years in this condition, was a helpless cripple and an object of pity. Assisted by Dr. J. B. Wood, November 2d, 1872, I amputated at the middle third, making anterior and posterior oval skin

flaps and circular division of the muscles. The spine of the tibia was cut off with the bone, and vessels secured as usual, before removing the tourniquet. Waited awhile, exposing the stump to the air to avoid hemorrhage. There was not a drop oozed, the flaps were adjusted by sutures and straps, and the stump dressed with lint, Maltese cross, and recurrent bandage. Seeing that reaction was good, I walked to the depot and took my seat in the car. A messenger, out of breath, came to me with the news that the stump was bleeding. Hurrying to the house, I found the dressings deluged with blood; removing them and sponging the wound, I saw the blood was venous, and slowly dripping from every part of the cut surface; all bandages had been removed from the extremity. The arterial impulse was seen against every ligature, and there was no jet on careful sponging. I then just learned that the family were of hemorrhagic diathesis; that the children would bleed at the nose for days, until life was almost despaired of. Every surgical means by ligature, styptics, position, plugging, and even the actual cauteries were applied many times with little effect, the bleeding gradually ceasing of its own accord on the afternoon of the second day. Dr. Wood and myself passed a most anxious day and night over a case which in its earlier history had been so unfortunate for the reputation of those concerned, and was now apparently about to end disastrously to ours. China first, and afterwards Ferrum, were the medicines given. The case after cessation of bleeding progressed favorably, the ligatures came away in due time, and the boy with excellent health has now a well covered and useful stump. Death from secondary hemorrhage is the most frightening affair to the surgeon, and although not always to be foreseen or avoided, dampens his ardor for operating and dims his reputation with the community.

*Multilocular Ovarian Tumor.*

December 5th, 1872, I removed from Mrs. Elizabeth

Muhly, age 42, 1431 South Second Street, a tumor of this description. The growth had been coming for over a year, for which she had been tapped by her attending physician, Dr. C. W. Gessler, and myself, several times. Finding that she was daily getting worse and much weaker, I advised an operation. The abdomen was opened in the median line by an incision of eleven inches. The tumor enucleated about the sides of the opening, and the rounded cysts made prominent were punctured and evacuated. Every character of fluid was present, in some of the cysts, like black coffee, others blood, thick mucilage, and pus, as well as serum. A portion of the omentum was cut away with the emptied cysts, because separation was impossible. The cobbler's stitch was used to prevent hemorrhage. Ligatures were freely applied within the abdomen, and the emptied mass turned out. The tumor came from the right ovary, which was secured by a long Wells clamp. Wire sutures were used to close the abdomen. Knowing how they die, with symptoms similar to arsenical provings, I gave her that medicine, and although she was very low for some days, she made eventually a fine recovery. The clamp was removed on the eighth day. This was all the medicine I gave her. Diet consisted mostly of light broths; local treatment was flannels wrung out of very hot water, applied to the abdomen. In fact every homœopathic indication was adhered to. This makes the eighth published case I have operated on in this way, with three deaths.

*Senile Cataract.*

Mrs. Sarah Scott, aged 78, presented herself November 19th, 1872, with a cataract of seven years' duration, on the right eye, having only slight perception of light and shade, showing the retina to be good. The other eye was somewhat affected. An operation for extraction by the linear method was performed as usual, with good result, vision being at the end of a fortnight equal to one-half. The point of great interest in this case was that the lens



became displaced upwards and backwards during the laceration of the capsule, and the vitreous escaped in considerable quantity. The lens was, after some effort, fished out, and the case did well; some resulting ciliary pain being cured by Mezereum.

### *Convergent Strabismus.*

Anna Robetschek, aged 6, presented herself November 4th, 1872, with convergent strabismus of the left eye, variation of three lines from normal vertical meridian; the result of repeated convulsions. There does not appear from test glasses to be any defect in the refractive media. After tenotomy, it was found necessary to freely divide the conjunctiva in order to bring the eye in proper position. She was afterwards shown with a perfect result. Free division of conjunctiva is sometimes as essential as that of the tendon in certain cases.

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## MEDICAL TREATMENT OF STRANGULATED HERNIA.

"THE remedies which I for many years past exclusively use are *Aconite*, *Nux vom.*, *Bell.*, *Plumb.*, *Met.* The indications for *Aconite* I hardly need enumerate; nor yet those for *Bell.* and *Nux vom.* The latter two I, however, much prefer using in alternation and in low dilutions. . . I cannot give a satisfactory indication for *Plumbum*. This remedy was always my last trump. *If there be no remission of the excruciating symptoms within from twelve to twenty-four hours after its administration, I am convinced that there are hindrances in the way which cannot be got rid of dynamically, and then the surgeon's art of blood and iron enters upon its undisputed right.*"—Dr. Baumann, in *Brit. Jour. of Hom.*, Jan., 1873.

## HOMŒOPATHY IN BOSTON.

BOSTON, March 22, 1873.

## TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY :

Most of your readers undoubtedly know that it has been busy times, homœopathically speaking, in Boston for the past two years. Previous to that time matters were so quiet that each doctor hibernated in his own den, and if circumstances poked him out of it he was inclined to growl if he did not actually use his teeth. While matters were in this state some wise heads among the "regulars" thought it would be a nice opportunity to put an extinguisher on the "homœopathic quacks," and bury them under a bank of odium and disgrace. Nothing will stop the scrimmage between Pat and Biddy so quickly as an attack from a third party; and in a twinkling all internal dissensions ceased. The history of the "trial" and of the sheriff with his injunction is too well known to need repeating. How the odium and the disgrace were carried by the veering wind where it was not at first intended that it should fall, and how all the "regulars" announced with vehemence that *they* did not do it.

Well, the result was a Fair and a' that, a hospital with one hundred thousand dollars funds and a' that, and a general consciousness that if we are homœopaths we are men for a' that. But this discussion and this excitement has had a deeper effect than was apparent on the surface. It set men to thinking, and they thought that if homœopathy was so important as to be so violently attacked, and was capable of so valiantly defending itself, it was a power worthy of cultivation.

So thought the trustees of the Boston University, an institution endowed with prospective millions, and placed under the guardianship and care of the Methodist denomination, with perhaps one exception the largest and certainly the most liberal in this country.

This University is planned on the broadest scale, and will embrace four schools or superior departments, eleven colleges, including the principal arts and sciences, and an undergraduate or classical department. Already the theological and law schools and the college of music have been established, and have proved successful beyond the most sanguine expectations.

While the medical farce was being enacted the trustees were considering the advisability of establishing the medical department, and by a singular coincidence the very day that the Supreme Court removed the injunction from the Massachusetts Medical Society, and said virtually, "You may expel the homœopaths, but you do it at your own risk," the Trustees of the Boston University unanimously decided to establish a medical school, and place it in charge of these same homœopaths. This school will have elements of strength which should make it a success.

*First.* As a department of the University it is a permanent school, and cannot undergo the semersaults to which some of our medical colleges are subjected.

*Second.* It is under the control of an influential Board of Trustees, who, without professional piques and prejudices, are interested to make the school a complete success.

*Third.* Though entirely unsectarian, it will have the denominational sympathy of an immense and well-organized class.

*Fourth.* It will educate women, and must command the co-operation and influence of all interested in the "woman movement."

*Fifth.* It, of course, embraces all the friends of homœopathy.

*Sixth.* The College will be liberal and extensive, and will gather about it the friends of medical progress.

With these elements we hope for success, but we know that all these advantages are nothing unless they are used, and they cannot be used without *work*, indefatigable *work*, and this I think will be freely given. Financially we mean to place it on a sound basis, and have already made some progress in this direction. Professionally our hopes are equally high, and we trust that the trustees will put only the best talent attainable in the various chairs, and to these we invite our talented and ambitious brethren.

Let the kind wishes of the profession attend us, with the hope that this College may in time rank well with its best associates.

A CO-WORKER.

## AMERICAN INSTITUTE OF HOMŒOPATHY.

### CIRCULAR OF THE BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY.

THE Bureau of Ophthalmology and Otology solicits aid from the profession. There are now so many among us turning their attention to diseases of the eye and ear, that we should have, at our next meeting, an abundance of well-written articles for that department. Will those interested lend us a helping hand. Bring your contributions in person, or send them to any member of the Bureau.

T. P. WILSON, Cincinnati, Chairman.

H. C. ANGELL, Boston.

C. T. LIEBOLD, New York.

H. C. HOUGHTON, New York.

MALCOLM MACFARLAN, Philadelphia.

S. WORCESTER, Burlington, Vt.

### CIRCULAR OF THE BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE.

In compliance with the resolution, adopted at the last meeting of the American Institute of Homœopathy, the Bureau of Anatomy, Physiology, and Hygiene has selected the following subject for discussion at the next annual meeting.

*What is the best diet for the sick in general, and what the best in particular diseases?*

By opening the subject of diet on this broad basis it is hoped that the discussion may elicit much practical matter relating to this important question.

Papers pertaining to this subject, or to others connected with this Bureau, are earnestly solicited.

Communications should be directed to the chairman, or to other members of the Bureau.

A. R. THOMAS, Philadelphia, Chairman.

J. D. BUCK, Cincinnati, O.

S. S. GUY, Brooklyn N. Y.

R. N. FOSTER, Chicago, Ill.

## PUBLICATIONS RECEIVED.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1871. Volume IX. Albany: 1871.

This publication contains the proceedings of the Twentieth Annual and Semi-annual Meetings of the Society, the addresses delivered at these meetings, the papers presented by the various bureaus, and some selected articles. It will thus appear that there is a variety, and we can pronounce as to the excellence of the contents. The various bureaus of the Society made full reports; those of *Materia Medica*, *Obstetrics*, and *Surgery* being particularly interesting and valuable. Of these we may make particular mention of Dr. Minton's paper on "Causes of Female Diseases" (though we object to the term "Female Diseases"); "Coccyodynia," by Dr. W. S. Searle; Dr. Helmuth's papers on "Resection of the Knee-joint," "Lupus," and "Extrophy of the Bladder;" Dr. T. F. Allen's paper (beautifully illustrated) on "Tumors of the Eye;" "Laryngismus Stridulus," by Dr. W. S. Searle; "Arsenicum and Phosphorus," by Dr. S. Lilienthal, and a paper entitled "Studying the *Materia Medica*," by Dr. A. K. Hills.

The address at the Twentieth Annual Meeting was delivered by Dr. Robert McMurray, of New York. The Doctor very earnestly and ably discussed the importance of a thorough medical education, and the very great necessity of elevating the standard in our colleges. Perhaps we expect too much of our educational institutions, who cannot exist without financial support, and who cannot receive that support if they become more exacting than other institutions. The most certain way to elevate the standard of medical education is, to medically educate the people. Even laymen of very great intelligence, who are highly educated in all other matters, are in almost entire ignorance regarding the human organism, its diseases, and their cure; and such a one trusts himself in these matters blindly to his medical attendant, who—though his shortcomings in other respects may be only too apparent—he believes in as a "good doctor;" while the *good doctor* may be a fool in medical matters, as in all others save the art of deceiving. Let the people be educated in anatomy, physiology, hygiene, pathology, and the science of therapeutics to the extent that the average medical student of to-day is, and up goes the standard of medical education at once for those who present themselves as conservators of health and healers of the sick.



The New York Society is under weighty obligations to Dr. H. M. Paine for his diligence and faithfulness as Recording Secretary of the Society during a number of years; and to him is likewise due, to a large extent, the value of the nine volumes published by the Society. At the last meeting of the Society, held a few weeks ago, Dr. Paine retired from the position he has occupied so long, and Dr. F. L. Vincent, of Troy, was chosen as his successor. Dr. Vincent, it is a pleasure to know, is well calculated to fill the office with great advantage to the Society, and we congratulate the Association on its choice.

DISEASES OF THE OVARIES; THEIR DIAGNOSIS AND TREATMENT. By T. Spencer Wells, F.R.C.S.E., &c., &c. New York: D. Appleton & Co. 1873. Pp. 478.

In 1865, Spencer Wells published a volume containing reports of 114 cases of ovariectomy, being a record of the facts of each case. The book was in demand and was soon out of print, but the increasing professional duties of the author prevented his getting out a second edition, and he was compelled to be content with preparing papers for the Royal Medical and Surgical Society, as series after series of a hundred cases accumulated. In the present volume, which may be justly regarded as a new work, is given the experience obtained from operating in 500 cases. These cases are not given in detail, as in the former volume, but the chief particulars are given in a tabulated statement; while a few cases of special interest are related in full. The work is arranged into twenty chapters. Chapter I treats of the anatomy and physiology of the pelvic organs; is plain and practical, and of itself would form a valuable addition to medical literature; while Chapter II is devoted to a consideration of the morbid anatomy and physiology of the ovaries, and, though compactly written, is excellent. The remaining chapters comprise the following subjects: Dermoid cysts; Inflammation, degeneration, and rotation of ovarian tumors; Physiognomy of patients with ovarian disease; Contents of ovarian cysts; Diagnosis of ovarian tumors; Mode of investigating and recording cases, including an exposition of the author's "Note Book;" Medical treatment of ovarian tumors; Treatment of ovarian cysts by abdominal tapping, vaginal tapping, and drainage, injection of iodine, and incision; Rise and progress of ovariectomy; Selection of cases for ovariectomy; Preparation of a patient for ovariectomy, duties of the nurse, and description of the necessary instruments; The operation, division of abdominal wall, length of incision, emptying, separation, and removal of cyst or tumor, treatment of the pedicle, sponging of the peritoneum and closure of the wound; After-treatment; Removal of both ovaries at one operation; Ovariectomy performed twice on same patient; Incomplete ovariectomy and exploratory incisions; Results of ovariectomy, and subsequent history of patients who recovered.

The enterprise of the publishers enabled them to secure the appearance of this great work simultaneously with its publication in England. It is published in excellent style, the paper being fine, white, and thick, and

the type clear and grateful to the eye. It is copiously illustrated with handsomely executed woodcuts, and altogether does credit to the great publishing house of Appleton & Co. The book is wanting an index, but the very full table of contents at the commencement of the volume almost makes up for the want.

This work will be eagerly sought by all surgeons and others interested in ovariectomy. Indeed, it is a work that should find a place in the library of every physician, as a standard publication.

On sale by the publishers, and by Lippincott & Co., Philadelphia.

**THE CHARACTERISTICS OF THE NEW REMEDIES.** By Edwin M. Hale, M.D. Third Edition, Remodelled and Rewritten. Detroit: E. A. Lodge. Pp. 544.

We are unable to give space to an adequate notice of this valuable publication, and defer until our next issue a review of the work, and, in some measure, of the labors of its author. On sale by Boericke & Tafel, New York and Philadelphia.

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## EDITORIAL NOTES.

**THE MORTALITY OF PHILADELPHIA DURING 1872.**—The total number of interments in the city of Philadelphia during the year 1872, as registered at the Office of the Board of Health, was 20,544,—an increase of 3551 as compared with 1871. Deducting 834 still-born cases and 723 from the country, the net deaths in the city were 18,987; showing a ratio of deaths of 1 to 37.23 of the population, computed to be 725,000. Of the whole number of deaths, 10,974 were males and 9570 females; 4984 were male adults and 4516 female adults; 5990 male children and 5054 female children. The ages of the deceased were as follows: Under 1 year, 5862; under 2 years, 1706; from 2 to 5 years, 1586; 5 to 10, 782; 10 to 15, 423; 15 to 20, 685; 20 to 30, 2163; 30 to 40, 1892; 40 to 50, 1497; 50 to 60, 1178; 60 to 70, 1139; 70 to 80, 991; 80 to 90, 530; 90 to 100, 94; 100 to 110, 15; 110 to 120, 1. The principal causes of death were: Cerebro-spinal meningitis, 128; cholera infantum, 1666; congestion of the brain, 487; consumption of the lungs, 2330; convulsions, 752; croup, 296; debility, 837; diphtheria, 150; heart disease, 566; scarlatina, 174; typhoid fever, 379; whooping-cough, 163; inflammation of the brain, 468; bronchitis, 194; pneumonia, 1063; inflammation of stomach and bowels, 319; marasmus, 758; measles, 143; old age, 674; paralysis, 256; small-pox, 2585; sunstroke, 137. Since July 1st, 1860, 200,948 deaths have occurred in Philadelphia; and there has been in the same time 76,126 marriages and 211,033 births.

**DEATH OF PROFESSOR H. L. HODGE.**—This eminent physician died of angina pectoris, at his residence in Philadelphia, on the 25th of February. Dr. Hodge was born in Philadelphia, June 27th, 1796, and has resided in this city all his life. He was celebrated as an obstetrician, and occupied the chair of Obstetrics and Diseases of Women and Children in the

University of Pennsylvania for about thirty years. He was the author of "Hodge's System of Obstetrics" and of "Diseases Peculiar to Women," both of these publications occupying a high place as standard medical works. He also wrote a large number of lectures, addresses, pamphlets, and articles for medical journals, and was engaged in preparing an article for a medical journal but a few days before his death. He was widely known for his original or improved instruments for obstetrical surgery, which have been adopted in practice both in this country and in Europe.

HOMŒOPATHY IN SAN FRANCISCO.—The following letter is self-explanatory. The report referred to was sent us for notice, and as it represented one party of the San Francisco homœopaths, it was duly noticed as an act of justice as well as courtesy. There is a rottenness about homœopathic things in that far-away land which compels us to declare that, when we again notice anything connected with San Francisco homœopathy it will be something that comes to us so well authenticated as to be beyond question.

SAN FRANCISCO, March 1st, 1873.

R. J. McCLATCHEY, M.D.

DEAR DOCTOR: In your issue of January, 1873, you speak of the "Homœopathic Dispensary of San Francisco."

The natural inference drawn by the Eastern members of the profession by the publication referred to is, that said Dispensary is still in operation, the article closing by saying that "the present medical and surgical staff are as follows: J. N. Eckel, J. F. Geary, J. J. Censling, J. A. Albertson, L. Royer, and J. F. Beakley."

I am authorized to say that such an inference would be incorrect, and that the report referred to was the obituary of *that* institution.

Something might be said explanatory of the failure and discontinuance of an institution so well endowed, but it is not considered necessary.

The fact of *failure*, after the liberal expenditure of from \$10,000 to \$15,000 by the "wealthy manufacturer," is a sufficient commentary on the management of the affair.

The only Homœopathic Dispensary in the city of San Francisco is under the auspices of the San Francisco County Medical Society of Homœopathic Practitioners, and is in full and active working order, at 232 Sutter Street, next to the Pharmacy of Boericke & Tafel.

Its expenses are not heavy, and ample funds have been raised lately, by voluntary beneficence and by an appropriation by the Board of Supervisors of this city, to pay off a small debt and supply the necessary current expenses.

Please place this matter before the profession in accordance with the facts, and oblige

Yours fraternally,

W. N. GRISWOLD, M.D., Sec. Co. Soc.

**HOMŒOPATHY IN KENTUCKY.**—Homœopathy is making rapid progress in Kentucky. Recognizing the fact that in union there is strength, the practitioners of homœopathy propose organizing a State Medical Society, and will hold a meeting for that purpose in Louisville on the 7th of May next. Drs. W. L. Breyfogle, R. W. Pearce, and H. W. Koehler have issued the call for the meeting.

**A CHANCE.**—The front parlor of a house on Girard Avenue, Philadelphia (No. 1731), suitable for a physician, is for rent, with or without board. This is a good chance for locating in a "fashionable" and otherwise eligible part of the city.

**THE "GALAXY PUBLISHING COMPANY,"** as will be seen from an advertisement in this journal, propose to publish a "Biographical Cyclopædia of Homœopathic Physicians and Surgeons of the United States." Such a publication could not fail of being interesting and valuable if gotten up with great care and scrupulous exactness, and would, under such circumstances, meet a large sale.

**PERSONAL.**—**DR. TALBOT**, the genial editor of the *New England Medical Gazette*, has been gladdening the hearts of his Philadelphia friends by paying them a visit. He came and he saw, but there was nothing left in the domain of kindly and friendly feeling for him to conquer, as he possessed all that before he came.

**BREYFOGLE.**—**DR. W. L. Breyfogle**, after a protracted course of study in Europe, has returned to Louisville and commenced practice. He makes a specialty of ophthalmology and otology, having given special attention to these branches in Europe.

**COLBURN.**—**DR. S. H. Colburn** has removed from Lyndon, Vt., to Springfield, Vt.

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#### PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY **ROBERT J. McCLATCHEY, M.D., SECRETARY.**

THE March meeting, held at the College Building, on the 13th ult., was largely attended. The chair was occupied by the President, Dr. Jacob Jeanes.

The minutes of the January meeting were read and approved. [There was no meeting held in February.]

**DR. W. M. WILLIAMSON** reported on behalf of the Delegates to the State Medical Society, that the meeting of that Society had been largely attended, and had been in every respect a success. [A full report of the proceedings of this Society was published in the March number of this journal. Selections from the papers read thereat will appear from time to time.]

**DR. BUSHROD W. JAMES**, Scribe, then made his regular monthly report, as follows:



## NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

**INSTRUMENTS—A COMPACT STETHOSCOPE.**—Here I show you some handy surgical instruments from Snowdon Bros., cutlers, 23 South Eighth Street. This is a pocket stethoscope, about six inches in length. It consists of the ordinary cylinder, expanded slightly at the aural end, and much more at the extremity that is to rest upon the chest. The bore is much larger than the wooden stethoscope, this instrument being made of gutta percha. A shorter subsidiary cylinder fits within the main one. The expanded rim of this subsidiary one is cut off at a parallel on the edges opposite to each other, and the use of this is to allow the pleximeter to be slipped on, and then, when it is turned around, it is held firmly there. The plessor, or circular rubber hammer, with gutta-percha handle, used for percussion, slips in the hollow of the cylinder (the expansion allowing it to rest there in a compact manner). The smaller cylinder being slipped within the larger one, the hammer then being slipped within those, and then the ivory pleximeter being slipped over the expanded end of the stethoscope, and a slight turn being given, it holds them together in no larger space than the stethoscope itself.

**SPONGE-TENT HOLDER.**—Surgeons often require to dilate the os uteri by means of a sponge-tent, before operating on that organ. To aid the proper placing of the tent, this little contrivance is used. It is simply a rod, with a short handle at the lower end; over this rod is a movable rubber tubing, with a gutta percha top at each end, and a screw to fasten the tubing (which is made of gum catheter material) at any point along the above-named rod. In using it, the gum cylinder, or tube, is fastened by the screw near the upper end, so that the sponge tent can be slipped on. Then, when the tent is in position in the os uteri, the screw is loosened, and the tube held firmly until the rod is withdrawn from the tent, when the instrument is altogether withdrawn from the vagina, and the tent is left in the os. It holds the tent firmly, as you observe, and there is no fear of its dropping out of your grasp, as with the forceps.

**SOUND, WITH HANDLE.**—Here is a solid silver sound, for uterine and other deep explorations. It is, owing to the material of which it is composed, flexible in any direction, and the handle enables the surgeon to hold it more firmly and satisfactorily.

**POCKET TONGUE-HOLDER.**—This consists, as you see, simply of a parallelogram-shaped piece of stout wire, to which a flat piece of silver or plated metal is hinged by simply narrowing one end, and turning it over one end of the above-shaped wire, so that they lay flat together when not in use, and stand out at an angle when used.

## MEDICAL PROBLEMS.

**POTENCY vs. ROBBERY.**—Problem I. Given, the following propositions:

In a given case, with very dangerous symptoms, in a family in the pri-

vate practice of a believer in *Similia similibus curantur*, who binds himself neither to high nor low dilutionism.

A physician's practice being legitimately regarded as his personal private property, the same as a merchant's stock in trade belongs to him, the family suggest additional counsel to the regular attendant, and ready assent is by him given; and a believer in the same law, *Similia similibus curantur*, is fixed upon as consulting physician, and who is satisfactory to the family. The attendant kindly sends the head of the family to the office of the practitioner who has been fixed upon to call in in consultation, to ascertain the most suitable hour for him to meet the attendant in the given case. The attendant receives his dismissal on the return of the head of the family, on the ground of refusal to consult on the part of the said practitioner; the latter (an adherent of high dilution exclusivism) takes charge at once of the case. Does the act of thus adroitly stealing a case stand admissible in accordance with the code of ethics of the school of politeness, honor, honesty, or any kind of professional etiquette? To what class of stealing does it belong? Is it sneak-thieftism, pocket-picking, highway robbery, or simply cheating, the same as a man by false pretences gets possession of some of another man's personal property through misrepresentation and trickery?

**GRAB vs. ETHICS.**—Problem II. Given, the following proposition:

A severe case of disease; the members of the family alarmed, and desire counsel. The counsel steals the case from the regular family physician of the same school of practice; an accessory is wanted, and is summoned, and attends and meets the counsel above named, instead of the regular family physician. What share of honor of the professional theft is the latter entitled to, and to what classification does the whole transaction belong?

**CARDS vs. BUSINESS.**—Problem III. Given, the following proposition:

A physician is sick, or absent from the city. A professional friend is asked to attend the practice; the former remunerates the latter satisfactorily for his services. The latter, while in attendance, informs such of the patients of the said physician as he chooses to select, where his own office is located, or leaves his own card, or calls upon them in a friendly way after the recovery or return home of the physician who has engaged him. Under what moral category do these proceedings or actions come?

**DOLLARS vs. SOUL.**—Problem IV. Given, a "rising man" in the profession, wishing to work off his poor patients.

Smith summons him up at night to a case he suspects to be a troublesome and very tedious one. Smith cannot afford to pay full fees, or even half, but is willing to his ability, and naturally prefers his accustomed family physician, who attended him before the "fees went up." Smith is sent to another, a Dr. —, with instructions to get him; "he is a first-rate doctor in such cases." Dr. — thinks the case a good one, coming as it does from the "rising doctor," toils two or three days and nights

over it, loses his rest, health, and twenty to fifty dollars' worth of practice in attending the case, receives his fee of five or seven dollars, while "rising doctor" has time to make fifty to one hundred dollars more by this sliding-off game.

Wanted to know the microscopic dimensions and measurements of the soul of said "rising doctor?" What would be the texture of his infinitesimal conscience in the event of his also *sending* his non-paying patients to other doctors, or even to Dr. — ?

VALUABLE ITCH OR PEARLS.—"According to the *Lancet*, those pearly concretions found attached to the inside of mussel shells, and generally attributed to Nature's method to relieve the irritation of foreign bodies, have been found by Mr. Garner to be due to the presence of minute entozoa (a species of distoma) in sea-shells, and an acarus (*Atax*) or itch insect, in fresh-water mussels."—*Boston Med. and Surg. Journal*.

ODD SYMPTOMS.—In a complicated case of chronic disease,—a female—she complained of pains in different parts of the body. The pains seem of an exact length, such as six inches, twelve inches, &c., and seemed also about two inches inside this width; sometimes feeling as if extending that far above the skin in places, and the pains seem straight like straight lines.

Another patient, a middle-aged female, with hemorrhage from the bowels, on regaining strength complained of a sensation as if the brain was in divisions or quarters; a separation seeming to be antero-posteriorly down through the brain, and another dividing line over across the parietal region from ear to ear, and these lobes or divisions seemed to her to be separated from each other, and hang loosely in the cranium.

PASSIVE HEMORRHAGE.—In the *New York Journal of Homœopathy* is a chapter taken from Prof. W. Tod Helmuth's forthcoming work on Surgery, in which the following sensible remarks occur, which we extract:

"In passive hemorrhage, there can be no doubt that our medicines are capable of exercising a beneficial effect. In oozings, after large operations, I have frequently witnessed their excellent results. I do not propose to record in this place what is found in the 'Manuals' for 'hemorrhages,' or I would write that for hemorrhages in general (?) we have Asaf., Cocc., Copaiba, Iod., and Crocus. Hemorrhages from 'various parts,' Canth. and Phosph. Hemorrhages 'from a newly opened wound,' Opium. Excessive hemorrhage, Antimonium crud., and much of the like. My object is merely to mention those remedies which, internally administered, have beneficial effects in certain forms of hemorrhage coming under the care of the surgeon. For the record of medical and obstetrical hemorrhages, this place is not the proper one.

Hamamelis will arrest a venous hemorrhage proceeding from varicose veins, and hemorrhage from the mouth and gums, and from hemorrhoids. Dr. Cushing has seen it suppress hemorrhage after extracting a tooth. Dr. Preston has with it cured hemorrhage from the bowels.

"Veratrum viride is one of the best medicines for hemorrhages. In

the *Medical Record*, Nov. 1, 1872, a case is recorded of its successful use in secondary hemorrhage after amputation.

"Nitric acid, given internally, will arrest a secondary hemorrhage from the lower part of the rectum, after the removal of hæmorrhoidal tumors.

"Monsel's Styptic, from twenty to thirty drops in half a glass of water, a tablespoonful every half hour, will arrest an oozing from the medullary canal after a resection of the humerus. I was led to its use in surgery by some remarks of Dr. Malcolm Macfarlan.

"Erigeron I have administered with success in hemorrhage from the bladder after operations for vesico-vaginal fistulæ, rupture of the perinæum, &c. For operations about the lower portions of the rectum, Crocus and Carbo veg. are excellent medicines. So far as my own knowledge goes, with the exception of *Arsenicum* and *China*, in those cases where there is great prostration of the vital power, and the blood is thin and defibrinated, I can speak of no other internal medicines.

"The *Alnus rubra*, *Apocynum cann.*, *Erechthites hieracifolius*, and *Iris* or *Diadema*, are laid down as possessing power over hemorrhage. This is a portion of the field of surgery that presents a wider scope to our school than others, and no doubt will in future be more thoroughly cultivated. But as I have before mentioned, the fact that many mechanical agents, from the simple roller bandage to the most complicated styptic compounds are generally employed, will always embarrass the attempt to assign the proper sphere to internal medication." We believe that medical men of our school are entirely out of place in dictating to our surgeons what remedies they shall use in arresting hemorrhage in surgical practice, as physicians are not supposed to understand the surgeon's needs in such cases.

**THE SIGNS OF MADNESS IN DOGS.**—The *British Medical Journal* calls attention to the measures recommended by the Council of Hygiene of Bordeaux, for the better protection of people against the dangers of hydrophobia. It is well known that the madness of dogs has a period which is premonitory and harmless. If these periods were generally known, the dogs could be put out of the way before they become dangerous. On this subject the Council of Hygiene has issued the following instructions:

"A short time, sometimes two days, after madness has seized a dog, it creates symptoms in the animal which it is indispensable to recognize.

"1. There is agitation and restlessness, and the dog turns himself continually in his kennel. If he be at liberty, he goes and comes, and seems to be seeking something; then he remains motionless, as if waiting; then starts, bites the air, as if he would catch a fly, and dashes himself howling and barking against the wall. The voice of his master dissipates these hallucinations; the dog obeys, but slowly, with hesitation, as if with regret.

"2. He does not try to bite; he is gentle, even affectionate; and he even eats and drinks, but gnaws his litter, the ends of curtains, the padding of cushions, the coverlets of bed, carpets, &c.



"3. By the movement of his paws about the sides of his open mouth, one might think he was trying to free his throat of a bone.

"4. His voice undergoes such a change that it is impossible not to be struck by it.

"5. The dog begins to fight with other dogs; this is a decidedly characteristic sign, if the dog be generally peaceful.

"The three symptoms last mentioned indicate an advanced period of the disease, and that the dog may become dangerous at any moment if immediate measures are not taken. It is best to chain him up at once, or better still, to kill him."

"The *Boston Medical and Surgical Journal* suggests that this advice be inserted at least once a year in the public papers. It would also seem particularly desirable and practicable that these rules should be printed on the back of the notices and receipts for dog taxes. These excellent measures ought to be generally adopted."—*Boston Journal of Chem.*

In a case of hydrophobia which I once saw, the lad could drink water if the vessel was covered with black cloth, or if he could not see the water and the vessel had no bright or shining points about it. He said the water or any bright object *looked* so horrid. There was no spasmodic action of the muscles of deglutition if this precaution was taken.

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DR. DUDLEY said that if the Scribe had had a personal experience similar to that laid down in his first problem, he was of the opinion that he should say so, and he did not know but that he should give the names of the two physicians who had acted in this manner. If the one who had been called in consultation had refused to meet the family physician on the ground that the latter was not a homœopath, then it might be necessary for this Society to inquire whether that family physician, who was charged with not being a homœopath, was a member of this Society. On the other hand, if the family physician was known to this Society to be a homœopath, and yet the physician called in consultation had acted in the manner represented in the problem, then the Society might wish to know, in case that physician were a member, whether it would be desirable to have his membership continued. He was afraid that cases represented by the several problems of the Scribe were of too frequent occurrence amongst our physicians. There were certain members of the profession in this city who he would not meet under almost any circumstances, if they were to be called in consultation with him, because of their well-known propensities. If the parties referred to in the Scribe's problems were real personages, he would like to know their names, for he would like to have his "black list" as complete as possible.

DR. JAMES said he was not representing particularly any personal feeling he had in the matter. He had merely submitted these problems for the consideration of the Society, and he did not wish to be interrogated.

DR. KORNDORFER said that the matter referred to by Dr. James was

a crying evil in this professional community, and he supposed it existed to a greater or less extent elsewhere. The business of stealing patients and families from their regular attendants, by consulting physicians, is carried on in various ways. It is not always done in the bold and bare-faced manner related in some of these problems; but all sorts of insinuations and inuendoes, looks and actions, are resorted to, to displace the confidence of the patient or his friends. The doctor then gave a humorous account of the tricks of a consulting physician to have him lose the confidence of a patient, and in which he succeeded, because the consulting physician was an old man, while he was a young one.

DR. H. N. MARTIN thought such a discussion as this without profit. The only advantage that could be derived from it would be in having the names of these men given us. Those who resort to these practices will in the end do themselves more harm than good, and more harm than they do any one else.

THE SECRETARY said that if Dr. Martin's judgment was correct, it might do to bear these things patiently, and wait for the punishment to come; but, unfortunately, it was not founded on facts. These guerillas of the profession get patients by their conduct, and make money by it, and they often get to high places in the profession, and there appears to be no Nemesis. The code of ethics does not reach them, for that appeals only to honor and honesty; and the only way to reach them was by holding them up to professional scorn and putting them under the professional ban.

DR. SAMUEL BROWN asked whether, in the judgment of the members, it was our duty to be as particular in taking patients out of the hands of old-school practitioners as out of the hands of physicians of our own school? He had always been very particular in such matters himself; but it was a notorious fact that allopaths, as a rule, showed no courtesies to homœopaths on these points.

Several members replied to the effect that it was our duty to be as scrupulous in observing the provisions of the code of ethics, where allopaths are concerned, as where we come in contact with those of our own household, no matter what measure of injustice was meted out to us by our medical opponents.

DR. W. M. WILLIAMSON said that the code of ethics of the American Institute had been adopted by the Society, and in that code our duty to our brethren of all schools was plainly laid down. A large number of copies of the code of ethics had been printed, and every member might possess himself of a copy.

THE SECRETARY said he had often been applied to for copies of the code of ethics, but had not been able to meet the demands. The Society had ordered him to have the code printed when in funds, but unfortunately the Society was never in sufficient funds to pay the printer.

DR. J. C. MORGAN remarked that, in regard to mad dogs, as referred to by the Scribe, there was one point he wished to make, viz.: When a person has been bitten by a dog supposed to be mad, the animal should

not be killed until it has been positively ascertained that it was really in a rabid state; as much mental anxiety might be avoided by ascertaining that the dog was not really rabid. He had cured a case of hydrophobia by the administration of a drop of the tincture of Stramonium.

DR. C. E. TOOTHAKER had cured a case of rabies by giving the dog Lachesis.

DR. MARTIN had a word to say in regard to tongue depressors. While these articles were very useful, and were well adapted for hospital or dispensary practice, he preferred a spoon-handle in his private practice. No matter how nicely the depressor may be kept, many persons objected to the use of an instrument that was "put into everybody's mouth."

The Society then proceeded to make nominations for the various offices, to be filled at the annual meeting, in April, with the following results:

*President.*—Drs. H. N. Martin, W. M. Williamson, Samuel Brown, and B. W. James.

*Vice-President.*—Dr. John C. Morgan.

*Treasurer.*—Dr. A. H. Ashton.

*Secretary.*—Dr. R. J. McClatchey.

*Scribe.*—Dr. Bushrod W. James.

*Censors.*—Drs. P. Dudley, M. S. Williamson, S. H. Brown, B. F. Betts, and A. Korndoerfer.

*Committee on Proving.*—Drs. A. Korndoerfer and H. N. Martin.

*Committee on Prevailing Diseases.*—Drs. P. Dudley and H. J. Sartain.

DR. W. M. WILLIAMSON then read the following paper on

#### ENTERIC DISEASES OF THE SUMMER OF 1872.

The summer of 1872 will be long remembered in this city by both laymen and physicians on account of the prevalence and fatal form which diseases of the stomach and bowels assumed. Nursing children, whether using the breast or artificial nourishment, and those going through the process of teething, were the ones which suffered more particularly, and the mortality among such was truly alarming.

From the published reports of the Board of Health of this city for the summer months, I have selected some figures and facts of peculiar significance. The total number of deaths reported from cholera infantum were 1666, from diarrhœa, 186. Dr. Pemberton Dudley has kindly furnished me with a statistical table of the losses by homœopaths. Of the cholera infantum cases they lost 205, and of the diarrhœa cases, 10. Holding the belief that as the homœopathic physicians represent one-fifth of the practitioners of medicine, and do one-fifth of the business, they should be held, *cæteris paribus*, responsible for one-fifth of the losses. In cholera infantum, however, our losses are only one-eighth, and in diarrhœa, one-eighteenth. This proportion would still be lessened if badly treated cases from old school hands did not so often come to us when there is little hope of recovery. This is particularly true in the diseases of children, and especially so in cases of enteric diseases.

I shall not enter into any description of the anatomy or physiology of the organs involved, but confine myself to the evidences of the disease as they most frequently came to my notice. In nursing children, the first invasion of the disease was usually manifested by paleness of the countenance, restless sleep, disinclination to nurse, white tongue. This train of symptoms would continue from twelve to twenty-four hours, when vomiting would commence, at first only mucus with small quantities of bile. *Antimonium crudum* was, in my hands, generally sufficient to relieve these symptoms.

In cases where the vomiting was very persistent, *Ipecacuanha*. With young children, using the bottle, diarrhœa set in with the vomiting, the evacuations were offensive, watery, and of a greenish color, aggravated by taking anything into the stomach, *Arsenicum alb*. In cases that were not arrested in the foregoing stage, diarrhœa followed in six or ten hours.

The diarrhœa was unusually difficult to relieve, and we might enumerate the indications for almost all the remedies in our *Materia Medica*. Our purpose, however, is to give the most general character of the form it took and the remedies most frequently used, with their indications. During this stage of this disease young children lost ground very rapidly. A fine, plump little fellow in the morning would become a haggard, hollow-eyed, emaciated being by night.

*Arsenicum album* deserves by me to be placed in the van. Watery, slimy, brown stools, worse at night, aggravated by eating or drinking, burning pains in the stomach, great thirst, ever so little water being immediately rejected, any food that might have been taken passed undigested.

*Veratrum album* was a worthy lieutenant of its leader. Thin, painless stools, with rumbling in the bowels, great prostration and faintness at stool and immediately following, evacuations coming on suddenly, increased by motion.

*Colocynthis*.—Small, bilious, frothy, and frequent stools, preceded by great colicky pain, which is relieved by evacuation. These pains come on in paroxysms.

*Croton tig.*—Gushing, sudden discharge of watery stool, mixed with undigested food, immediately after feeding, with great weakness and pallor, vomiting at the same time.

*Ipecacuanha*.—Constant nausea and vomiting of yellowish mucus, lumpy, greenish, watery stools; paleness of the face; blue margins around the eyes; wants to lie down; ill humor.

*Rheum*.—Copious, sour stools, with cutting, colicky pains about the navel, and tenesmus.

*Sulphur*.—White, frothy, putrid stools, coming on suddenly in the morning; distension of the abdomen; loss of appetite.

*Iris vers.*—Mushy, pappy stools, attended with discharge of fetid flatus; burning in rectum and anus after evacuations.



*Antimonium crudum*.—Watery diarrhœa, with vomiting, containing hard lumps of curds.

*Dulcamara*.—Stools are changeable, white, yellow, or green, watery, sour-smelling; nausea accompanies the desire for evacuation; general feeling of prostration.

*Phosphorus*.—Green, mucous stools, containing little white lumps; the stools run out; cold drinks can be taken, but are thrown up when they remain long enough in the stomach to become warm.

The remedies that I have mentioned are those which were most frequently called for. I am not willing to pass from the subject of diarrhœa without mention of other worthy servants that did good services when called upon, although their assistance was not so often required.

*Æthusa cyn.*—Sudden vomiting, with much force, of milk soon after nursing; of curdled milk; liquid, bilious stools; prostration after evacuation.

*Sulphuric acid*.—Bright yellow, mucous, stringy, or chopped stools; ill humor.

*Colchicum*.—Watery, jelly-like, mucus; frequent and profuse; tenesmus.

*Cantharides*.—Pale red mucous stool; quite small; burning in the anus; no relief from evacuation.

*Borax*.—Light yellow, slimy stools; frequent; pale face; hot, dry mouth; distension of abdomen; after feeding, starting and crying suddenly.

*Chamomilla*.—Hot, small, mixed green and white stools; egg-smelling.

*Arnica*.—Brown, fermented stools; aversion to food; fetid breath.

The next form of the disease we will consider in by far the most alarming, cholera infantum, which may be considered the continuation of the foregoing, and more particularly affecting nursing and teething children.

*Arsenicum*.—Diarrhœa; violent vomiting; lips and tongue dry, sometimes cracked; moaning and tossing about; prostration; dim and hollow eyes; coldness of the surface; clammy sweat; intermittent or tremulous pulse.

*Veratrum*.—Violent diarrhœa and vomiting; stools watery and inodorous; tongue and breath cold; difficulty in breathing; desire to sit up; blueness around the eyes; skin seems drawn tightly over the bones of the face; wrinkling of the skin of the hands and fingers; sensitiveness over the abdomen.

*Camphor*.—Vomiting and diarrhœa suddenly cease; child lies almost unconscious; blueness of the face and hands; coldness of the body; hoarse cries.

*Cuprum met.*—Convulsions of the hands and feet; rolling of the eyes; coldness of the nose and chin.

At any time during an attack of cholera infantum the brain may become involved, and in such cases the enteric symptoms are not so

marked. I wish to mention the most frequent of those symptoms, giving at the same time the remedies indicated.

*Hyoscyamus*.—Bright, staring eyes; muttering delirium; flushed face; dry tongue; teeth incrustated with brown mucus; scanty urine; rolling of the head; dilated pupils; difficulty in swallowing liquids; involuntary stools; night cough.

*Stramonium*.—Paleness of the face; imperfect vision; strabismus; loquacious delirium; snoring during sleep; awakes with fright; convulsive twitching of the arms<sup>a</sup> and limbs; head drawn to one side; foul-smelling stools.

*Belladonna*.—Red face; violent delirium; photophobia; twitching of the muscles of the face; distension of the abdomen; urine passed involuntary; boring of the head into the pillow.

*Arnica*.—Languor and drowsiness; pale face; sunken features; head and breast warm; abdomen and limbs cold; involuntary stools, with eggy-smelling flatus at night; small quantity urine passed, staining the napkin a yellow-brown.

*Opium*.—Paleness of the skin; contracted pupils; stupor; snoring, stertorous, breathy convulsions; tonic spasms.

*Cuprum met.*—The convulsive motion begins in the hands and feet, gradually involves all the muscles; the spasm is of the clonic variety, mind normal, except during the spasm.

DR. KORNDORFER said Dr. Williamson had not mentioned *benzoic acid* in his paper. He had used it in cases where the stools were horribly offensive, so that the smell pervades the whole house, and the main part of the stools are grayish-white but there is a deposit looking like soap-suds. He had found this acid very useful for these indications last summer, and Dr. Hering had confirmed the same. He had found *sulphur* to be the principal remedy last summer, when there was great emaciation, excessive prostration; the child is conscious but lies as if unable to move; aggravations between 10 P.M. and 1 A.M.; stools watery and putrid. *Zincum* had been useful in cases where there was stupor that seemed to call for opium, but that remedy failed.

DR. JEANES. About three or four weeks ago I had several cases of diarrhœa in adults, in which the stools were like those described by Dr. Korndorfer as indicating benzoic acid. I should like to know whether any member has had similar cases.

DR. MARTIN said he had seen similar cases, not longer ago than three or four weeks. He had had cases where the stools were like those of cholera, and the patients were very much prostrated. One of his patients was the wife of a physician. She became rapidly worse, had symptoms of cholera and almost with collapse; there was also great sinking at the epigastrium, and a sensation as if everything would drop through the pelvis. He gave her *Podophyllum* and she was promptly relieved and speedily got well. He had often used *Podophyllum* successfully during the past winter, in cases marked with much prostration.

DR. W. M. WILLIAMSON said there was one symptom in connection with *Podophyllum*, that he had not mentioned, viz., a rolling around of the head on the pillow. It differs from the boring pressure of the head into the pillow.

DR. DUDLEY. It has been some years since I read Knapp's Pathology ; but if I remember that work rightly, the author takes the ground that the scorbutic diathesis is the cause of the various forms of choleraic disease ; and he cites instances showing that in a summer after a long and cold winter there is a great prevalence of choleraic diseases, which he accounts for on the ground that the fruits and vegetables of which the people would otherwise have had an abundance and have partaken of plentifully, were destroyed and made scarce by the severity of the winter. If this should be correct, might we not reasonably look for a great prevalence of these diseases the coming summer ?

DR. B. W. JAMES. If we have a cool summer we have very little cholera infantum. But if about the middle of June there comes a very hot spell, the children go down at once, and we have cases of and deaths from cholera infantum, which then continues on during the summer, fluctuating very much according to the heat of the weather. He believed that excessive heat was the chief cause of the great prevalence of this disease, and that it was particularly operative upon hand-fed children. A great deal of the physician's care should consist in directing the diet of these children during summer. There are many varieties of food for infants in the market, good, bad, and indifferent. Some children will flourish upon one kind and some on another. But the greatest care should be exercised in selecting a suitable article.

DR. DUDLEY. While heat undoubtedly exerts a very great influence in regulating the mortality in cholera infantum, I am of the opinion that it should not be regarded as the chief or only cause of the disease itself. It occurs in winter and may be fatal at that season. There seems to be a predisposition to the disease in some children, which perhaps with heat acting as an exciting cause, runs into a development of the disease. Just so surely as the 23d of June arrives, just so surely do deaths occur from cholera infantum in the city, and from this time on the disease continues until about the 8th of September, with variations in the number of deaths, depending to some extent on the varying heat of certain days. Even in the hottest summers there does not seem to be more than ten per cent. increase in the mortality as compared with that of cooler summers. The greatest number of deaths occurs in the month of July, and although August may be and no doubt is hotter, yet fewer deaths occur. It cannot be due to debility, because in August all children are debilitated by what they have already gone through, and yet, as I before remarked, fewer die. What this predisposition really is, I do not know ; but I have been thinking about Dr. Knapp's theory very much of late. I have recently been allowing babies and young children to eat stewed fruit, and I have not yet had any trouble from this license.

DR. WILLIAMSON. The winter of 1871-2 was not a severe winter, by any means, and the summer of 1872 was very prolific of all kinds of fruits and vegetables. Dr. Knapp lays great stress upon a bountiful supply of fruits insuring a comparatively healthful summer; and yet the summer of 1872, as we all know, was remarkable for the prevalence of cholera infantum and diarrhœa. His father had always said to mothers, "Watch your babies in June." The heaviest mortality of infants occurs at the 9th month. After the 18th month it runs down in numbers.

DR. B. W. JAMES said it was reasonable to suppose that there would be fewer deaths from cholera infantum in August, as there were fewer babies to die, so many having died already. The increased mortality about the 9th month was doubtless due to the teething process setting in about that time.

DR. DUDLEY. In regard to Dr. James's first point, the Doctor seems to not take into account, that while babies die in July, babies are also born in that month. In regard to his second point, he (Dr. D.) would say, that of all the babies who die in Philadelphia, about 43 per cent. die before the 7th month.

DR. J. C. MORGAN saw choleraic diseases developed in the winter of 1863, in Louisiana, when he was in the army; owing to exposure to the damp atmosphere and low temperature of that region. The scorbutic condition was developed from day to day, and between September and April nearly 3000 men died, most of the diseases causing death having arisen in consequence of this scorbutic condition. Thus, by the damp and cold, the scorbutic diathesis is developed during the winter, to produce its effects in summer. In the vomiting of milk of infants, for which *Æthusa* has been so highly recommended, he would state that he had had very fine effects from *Podophyllum*, where there was protrusion of the anus. *Aconite* he had found useful in the summer complaints of infants and children; where wind and water came from the anus at one blast, there seems to be much stool, whereas there is very little; also when the stools look like chopped spinach; aggravations occur at midnight, and after 9 o'clock in the morning. *Gelsemium* is useful in certain cases; the child is teething, and the gums are swollen and tender; the child becomes fairly frantic at times, particularly when any attempt is made to feel the gums; these spells are apt to come on in the evening. They also start up and scream as when *Apis* is indicated, but there are febrile symptoms which indicate *Gelsemium*; the child grabs when carried as if afraid of falling. He generally has the gums rubbed with ice, but gives *Gelsemium* with very happy effect.

DR. WILLIAMSON. The distinction to be made between the vomiting of *Æthusa* and that of *Podophyllum* is, that when *Æthusa* is indicated, the child vomits without nausea, and will go to the breast and nurse again immediately afterward; whereas when *Podophyllum* is indicated there is nausea, and the child will not nurse after the vomiting.

DR. M. S. WILLIAMSON called attention to the value of sulphur during



the convalescence of children from cholera infantum, when there is great prostration, no inclination to nurse, and general coldness of the surface.

DR. H. N. MARTIN agreed with what Dr. Dudley had said about allowing children to have fruits. He allowed them to have all they wanted of all kinds of fruits except blackberries. He thought scraped apple was excellent for babies. He had been, for a number of years, greatly troubled with diarrhœa and dysentery. For several years he had not eaten any meat from June to October; but ate plentifully of fruits and vegetables. Since he had thus regulated his food he had been exempt from his old complaints, and had been well and strong. His child had been very ill with bowel complaint, and the disease resisted all the remedies he had prescribed. He had then allowed the boy to eat as many peaches as he would, and from that time he began to improve and soon got well.

DR. KORNDORFER had given his child plenty of fruit. It got cholera infantum and came very near dying. He believed it would have died if he had not changed its food.

The Society then adjourned, to meet on the second Thursday in April.

## WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY W. MCGEORGE, M.D., SECRETARY.

THE Society met at Parson's Hotel, Camden, N. J., on Wednesday, February 19th, 1873, at eleven A.M., the President, A. Kirkpatrick, M.D., occupying the chair.

Drs. Hunt, Pfeiffer, Ward, Shreve, C. J. Cooper, Austin, D. E. Gardiner, Middleton, Streets, Iszard, McGeorge, and Kirkpatrick were in attendance, also Dr. Thomas R. Blackwood. This last-named gentleman was proposed, reported on favorably, and elected a member of the Society.

Upon motion, the names of William H. Malin, M.D., Daniel R. Gardiner, M.D., Van R. Tindale, M.D., M. W. Wallens, M.D., E. H. Phillips, M.D., and R. Gardiner, Jr., M.D., were placed on the list of honorary members, they having removed from the State, or beyond the limits of this Society.

The business, or special order of the day, was a discussion on *Cimicifuga racemosa*.

Dr. Austin, who proposed this subject for discussion, on being called to open the discussion, apologized for not having a written report to make, and related his experience with Cim. briefly as follows: Believes that in two or three cases of variola it aborted the attack; gave it low, in the 1st decimal dilution. Finds it useful in delirium tremens; narrated a case where a man who had it was afraid he was going to die, and was very restless; the first night it would fail; the second night would have natural rest; used the O in this case. It is good in dysmenorrhœa, better in spasmodic dysmenorrhœa, when there was considerable pain and very restless. Had not used it in chorea. In one bad case of variola Cim.

afforded relief, but the lungs became gangrenous, and woman died. He referred to a case of cerebro-spinalis meningitis in which he had used this remedy, but the woman died in three days. Reason he gave it was because many symptoms of this remedy are similar to those of spotted fever.

Dr. Pfeiffer, who saw this case in consultation with Dr. Austin, thought it a genuine case of spotted fever. In speaking of Cim. said he would speak cautiously, yet approvingly, of Dr. Hale's book, where the symptoms of this remedy and other new remedies are found. Dr. Hale writes beautifully, but too figuratively, and is apt to lead so many students astray. He uses this book very cautiously at the bedside.

Dr. D. E. Gardiner said his first experience with Cim. was in a lady who had fractured her malar bone. Weeks after she took cold, and had neuralgia. Dr. Kitchen, of Philadelphia, treated her, and gave several remedies without benefit, but Cim. relieved her at once; it was a case of intermittent facial neuralgia. Gave a case of an old man who had intermittent attacks of neuralgia, coming on in afternoon, getting worse towards evening, going off in the night. Bell. did him no good; Cim. cured him in two or three days. Another case, where the pain was located in malar bone, coming on in forenoon, getting worse and worse, becoming furious with pain, which would last till night, and then pass off, and she would sleep good all night, the pain returning next morning. Gave China, but it only relieved a little. Gave Cim., and she never had another attack of pain. He considers it the best remedy we have in intermittent facial neuralgia. He gave the tincture.

Dr. Hunt has used this remedy frequently, and with gratifying success in the various forms of rheumatism, when the fleshy portions of the muscles are particularly affected. For articular rheumatism, and when the tendinous portions of muscles are affected, other remedies will be found more appropriate. Has used it in several severe cases of acute rheumatism, when the heart had become involved. It always controls the disease, besides relieving the oppression of breathing and pain promptly. It seems better suited to females than males. Has used it in dysmenorrhœa when accompanied with a nervous headache, great irritability, severe pain in back and *through the hips, which passes down back of thighs* (Puls. opposite). Chilliness precedes the discharge, and continues until it is well established; flow is scanty, and slightly coagulated, in persons who are disposed to rheumatism, or who are inclined to be irritable, peevish, and low-spirited. Good in after-pains, when there is too great sensitiveness to the pains. She complains of almost constant pain (Bell., pains intermit), restless, cannot sleep; dull pains in head, or *severe pains in right side of head, back of orbit*; suppression of lochia, or it is watery, mixed with *small clots* (Bell., large clots); she dislikes to be moved; least noise aggravates her sufferings; womb does not seem to contract properly; great tenderness on pressure. Has cured several cases of headache where there was pain in right side, back of orbit; pain is intense, and may be described as *agonizing*; dark spots appear before eyes; there is often stiff-

ness of neck, with nervous irritability; cannot bear the pain without moaning.

Dr. Ward had used this remedy in a case of rheumatism in fleshy portion of left arm, pain coming on in afternoon, excruciating, getting worse and worse towards night. Gave Cim., five drops of O. Patient immediately complained of rush of blood to head; saw black spots before eyes; thought she was going to die; pulse became intermittent, &c. In twenty minutes she got better, and she seemed under the action of this remedy. Cim. always gave him (Dr. Ward) dull pain in forehead. In a bad case of typhoid fever he gave Cim., pretty strong dose, in the evening, about nine o'clock. The patient soon after went into a comatose state; jaw sunk, &c. Was called in the night, and found her comatose, apparently dying; stimulated her with wine, and she soon opened her eyes; made a speedy recovery, receiving but little medicine afterwards.

Dr. Hunt mentioned a case where he gave Cim. 2d, and they thought he gave morphine, it eased the pain so quickly.

Dr. Austin corroborated Dr. Hunt's last remark. Had had several patients where the friends thought he gave laudanum, it worked so quickly, and had such a quieting effect. He finds the O or 1st dilution works the best. Wants to try the 200th potency in a good case.

Dr. Hunt stated that Cim. given during gestation rendered labor easier. Hopes the members would endeavor to confirm this symptom.

Dr. Middleton gave it three times with good results; it produced easy labors, comparatively easier than they had ever had. Gave a dose of the 30th every night for three nights, one week to ten days before labor.

Dr. Gardiner tried it once without effect. Used it in the 3d decimal dilution.

Dr. Hunt said he would never use it lower than the 30th, when given in anticipation.

Dr. Kirkpatrick uses it in confinement very often, and in the O, five to ten drops, sometimes every five minutes, sometimes only once. In some cases has been afraid to use it. When he does use it, it always relieves, and he don't have to wait long before he gets through. In a case of neuralgia of heart he once used it with splendid results.

Dr. Ward finds it has no effect in false labor pains.

Dr. Clark J. Cooper used it once with very good effect in confinement; the woman had a very easy labor; in previous labor had a very hard time.

Dr. Hunt thinks it will shorten an attack of inflammatory rheumatism.

Dr. Streets thought distinction should be made between rheumatic and neuralgic types.

Dr. D. E. Gardiner made a speedy cure in a case of rheumatism occurring in an old negro.

Dr. McGeorge asked whether Cim. would relieve or remove the soreness remaining in an attack of inflammatory rheumatism after the acute pain was removed? If not, what remedy would remove it?

Dr. D. E. Gardiner did not know that any remedy would remove this soreness; it would gradually wear away. He said that Dr. Daniel R. Gardiner used neat's-foot oil and cotton as a dressing in acute rheumatism.

Dr. McGeorge uses alcohol, and then wraps up the limb or joint in raw cotton, in conjunction with the remedy. It relieves pain for a time, but it will return again.

Dr. Austin mentioned some cases where parties drinking buttermilk were always afflicted with rheumatism afterwards. Wonders if Lactic acid would not be useful in rheumatism.

Dr. McGeorge stated that in place of any report on Cim., he had prepared a paper on the Epizootic and its sequelæ, but that as the discussion had consumed so much time, he could only refer to some of the cases therein reported.

After reading an abstract of this paper, discussion ensued upon the pathogenesis of our remedies, and the question of potency.

Dr. Ward asked whether any member had ever seen any effects of the high potencies, or could get any symptoms from them in their own persons. He never could get any symptoms from any drug, in high or low potency, excepting Rhus, low.

Dr. McGeorge replied that he had repeatedly seen good effects follow the exhibition of the high potencies; that he had given high potencies repeatedly to patients who had had the same remedy in lower attenuations without any result, and who immediately reported improvements after taking the high potencies; that he had experienced symptoms from taking the high potencies in his own person; that he had patients who were so sensitive that he dare not continue the action of high potencies too long upon them, referring especially to one patient who always had trembling, followed by diarrhœa, if *Lycopodium* was continued too long.

Dr. Hunt corroborated this last statement, by referring to a lady who was equally sensitive with *Arsenicum*, and told him she never could take it, it affected her so. He had repeatedly tried it on her in high as well as low potencies, but she could always detect it after the first teaspoonful, even if he tried to mislead her by saying it was another medicine.

Dr. Ward was not yet satisfied, and doubted whether there were any high potencies.

Dr. Gardiner said he was a little unreasonable; the test he applied was not a fair one. He had some *Pulsatilla*, 52<sup>m</sup>, that would cure amenorrhœa, and had done so repeatedly, when the low would have no effect.

Dr. Kirkpatrick said if we cured symptoms on the sick with high potencies, similar to those produced on the healthy with the low, it verified them.

Dr. Ward still was doubtful about them.

Dr. McGeorge mentioned the beautiful effects of *Lyc.*, 43<sup>m</sup>, on horses suffering with pneumonia. There was something else besides *faith* here, as Dr. Ward himself must admit.



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THE DOSE,

WITH REFERENCE TO PRIMARY AND SECONDARY SYMPTOMS.

BY J. H. P. FROST, M.D.

(Continued from page 408.)

ALL success in the practice of medicine is dependent on our knowledge of the action of drugs on the human system. The two principal methods of acquiring this knowledge may be briefly termed empiricism and pathogenesis. The former, pursued now by the allopaths for some thousands of years, in connection with their favorite *how not to do it* plan of compounding drugs, has resulted in a *Materia Medica* so chaotic, unreliable and delusive, that every day in the year, in every region of the civilized world, might be inscribed on innumerable tombstones the melancholy epitaph of the Crimea, *SOMEBODY BLUNDERED!* The method of pathogenesis, inaugurated by Hahnemann, and illustrated and confirmed by his own splendid cures and by those of his immediate disciples, stands recorded in the volumes of the "*Materia Medica Pura*," and "*Chronic Diseases*," imperishable monuments of his profound learning, philosophical insight, and unwearied industry.

But art is too long and life too short for scientific perfection even in the ablest men. However great their at-

tainments, something always remained to be done by their successors. And in order to have rendered perfect his system of pathogenesis, Hahnemann should have scrupulously preserved the *groups* of contemporaneous symptoms, and carefully noted those which were *primary*, and distinguished those which were *secondary*, and *ultimate*. Instead, he seems to say of each of these requisites, as he did of arranging in parallel passages the similar symptoms of different remedies, "My time did not permit me to attend to this."\* In the former respect, the very opposite was done; the various natural groups of symptoms being distributed under separate titles, all traces of their simultaneous co-relation were destroyed. This mistake, if such it should be termed, was early noted: "The symptoms, as we find them arranged in the *Materia Medica*, seem to exhibit an incoherent skeleton of the medicinal virtues of our drugs. And yet it may be asserted *a priori* that all the symptoms which a drug is capable of producing in the animal organization, must be physiologically connected with one another by an invisible but nevertheless real bond."† All this Hahnemann doubtless knew beforehand, as well as his translator afterwards; but he adopted the method of arrangement which on the whole seemed to him at that time to be the most feasible.

In respect to distinguishing between the primary and the secondary symptoms, enough was stated of Ignatia, Opium, Pulsatilla, and perhaps a few others, to furnish some glimpse of a principle whose immense importance is now being recognized in all the scientific development of the age. In physiology as well as in physics, in pathogenesis as well as in pathology and therapeutics, the law of *action and reaction* presents its claims for acknowledgment as a *universal form* of universal force. And the manifestation of this law in pathogenesis, and its conse-

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\* Preface to *Materia Medica Pura*, p. 9.

† C. J. Hempel, M.D., Translator's Preface to vol. iv of *Materia Medica Pura*.

quent verification in the corresponding therapeutics, establish a substantial scientific basis for homœopathy itself. The secondary symptoms, reactive against the primary, belong without doubt to all drugs. But they can be more readily distinguished in those whose first operation is purely tonic or stimulating, and in which, as Hahnemann affirms of Ignatia, "a double order of symptoms is produced antipathic to one another." And the remedies to which he most notably ascribes this double action, Opium and Ignatia especially, are endowed, as he says, with an influence which lasts but a few days. But the repeated exhibition and long-continued administration of this class of drugs, produce results equally permanent and disastrous.

Into every consideration of the dose must enter three distinct elements. The first, relating to *the nature of the disorder* to be treated, was discussed in the former papers. The second, relating to *the nature of the medicines*, or rather to the medicinal symptoms, to be employed, forms the subject of the present paper. The third, regarding *the nature of the patient*, will be considered in the next and concluding article of this series. As already stated, there is no doubt that all remedies whose pathogenesis has been studied, furnish secondary as well as primary symptoms: our limits, however, will permit the discussion of those few only in which the two classes may be most readily distinguished; these are Electricity, Ignatia, Opium, and Quinine. Each one of these forms a remarkable and distinctive example, and their combined testimony, we believe, will at the same time establish the principles we have in view in this connection respecting the dose, and enlarge the borders of homœopathy.

ELECTRICITY.—In studying the operation of any drug or dynamic influence upon the human system, regard must always be paid to the quantity exhibited. This rule, too well understood in ordinary pathogenesis to need illustration here, is still more imperative in relation to electricity,

galvanism, or electro-magnetism,—where indeed it is most apt to be overlooked.\* Very different results are produced according as a smaller or larger amount of this influence is transmitted, and according as it is either frequently repeated or continued long at a time. Electricity, administered in minute quantities and at short and not too frequently recurring intervals, acts as a gentle tonic for each internal organ to which it is applied. This may be set down as the purely physiological action of electricity, from which the system seems to recover almost immediately and without apparent detriment. Given in larger quantities, this agent powerfully and even violently stimulates, *in the line of their functional action*, all the organs through which it is made to pass. This is the *primary* pathogenetic operation of electricity, of which muscular spasms may be taken as a type.

But when electricity has been introduced in stronger currents, when these have been more frequently repeated, or continued for a greater length of time, the consequent debility of the affected parts indicates the *secondary* action of this powerful force. While the *ultimate* results, however arrived at, whether by large quantities, or repeated or long-continued applications, show a total loss of functional power in the organs subjected to its influence; of this muscular paralysis may be given as an example. The primary and secondary symptoms produced by this remarkable agent are thus seen to be exactly opposite to each other, the ultimate results being but an extreme development of its secondary action. And the careful study of the pathogenesis and therapeutics of electricity shows it to be one of the most direct and conclusive proofs of the truth of homœopathy, as well in its

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\* These names are here employed synonymously. For a summary of the various physiological, pathological and therapeutic action of this agent, see report on "Electro-magnetism in Relation with Homœopathy," by J. H. P. Frost, M.D., Transactions of American Institute of Homœopathy, 1872.



secondary as in its primary action. For it is equally capable of removing disorders—spasms, for instance—corresponding to its primary action, and diseases—paralysis, for example—corresponding to its secondary operation; although *a greater amount and intensity of influence are required in the latter case than in the former.*

In this connection we find additional and still more conclusive evidence of the scientific verity of the homœopathic law. Not only will the smaller galvanic currents soothe and remove spasms caused by those more intense, but even the incapacity for further reaction resulting from the influence of powerful batteries may be immediately remedied by simply *reversing the current.* In this case the cure seems more absolutely homœopathic in all respects than in any other instance which could be cited. For the *quantity* of the medicinal influence is the same with that which was pathogenetic; while the *quality* is as similar as it could be without being actually identical. And the general experience of the electric practice shows that the functional exaggerations which correspond to its primary symptoms are subdued by brief and gentle inductions of the electric current; while chronic paralysis, corresponding to the secondary and ultimate symptoms, can only be removed by more powerful and long-continued treatment.

IGNATIA.—The action of this drug very much resembles that of electricity. But the suddenness with which secondary and opposite symptoms may succeed those first developed, is a phenomenon not so easily explained—certainly not on the ground of exhaustion of vital energy in the primary direction. There can be little doubt now, in view of the great light thrown of late years upon the sympathetic or ganglionic nervous system, that the apparently immediate antagonistic operation of Ignatia is due to the rapid extension of its influence from one nervous system to the other, from the voluntary to the involuntary, or *vice versâ.*

Some years ago I attempted to call attention to the importance of studying the different sympathetic and spinal nervous systems in relation to disease, and especially to psora, or hereditary disease.\* But it remained for Dr. I. S. P. Lord, so far as I am aware, to make the distinctive action of these two systems the basis of a pathological and therapeutical platform at once new and apparently in accordance with the homœopathic law.

He says: "Malaria may act on the whole spinal nervous system, or on the whole sympathetic, or on any portion of either, or both, at the same time, or in alternation. And thus, at last, we have a clue to the true pathology of the disease, and what has been heretofore regarded as a disorder of a single part or organism or tissue, or a single neurosis, must now be regarded as a disorder of two or more distinct organisms, or, in other words, it is a double neurosis."† The entire passage is equally interesting and instructive, but too long for repetition. This author attributes the *heat* symptoms to the sympathetic, and the *chill* sensations to the spinal nervous system. And he deduces from the pathological view above indicated the necessity of alternating two remedies in the treatment of malarious disorders—one to influence the spinal nervous system, the other to act on the sympathetic—except in such cases as may correspond to medicines like Arsenicum, Nat. mur., Pulsatilla, and Eupat. per., which he terms "both spinal and sympathetic irritants." To these I should be inclined to add Ignatia, which, either in its natural state or as an alkaloid, promptly cures many cases of ague. For this drug seems to act pathogenetically in a manner exactly similar to that of the original malarious infection as above

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\* "The Sympathetic and Spinal Systems in Relation to Psora," by J. H. P. Frost, M.D., *American Homœopathic Review*, New York, vol. iv, p. 145, October, 1863.

† "Intermittent Fever," &c., by I. S. P. Lord, M.D., p. 33, Introduction.

described by Dr. Lord—passing rapidly from one nervous system to the other. And in its therapeutic operation—apparently extending from the voluntary to the involuntary nervous system, or *vive versâ*—it simulates the alternate or successive action of two distinct remedies.

In a "Report on Alternation,"\* Dr. William E. Payne shows how certain persons affected with two forms of disease—*e. g.*, syphilis and psora—did not improve under either of two remedies (Merc. cor. and Ammo. mur.), when administered by themselves; but did improve under the operation of the same medicines given in alternation with each other. Now if for these *forms of disease*, which are merely hypothetical, having no existence apart from the organs affected, we substitute the organs themselves, and suppose them to be controlled, respectively, by one or the other of these two nervous systems, the explanation of the whole matter offered by this able practitioner and sound homœopath will appear coincident with our own. But we are far from asserting the absolute verity either of this supposition or of the inference from it; our object being simply to invite attention to the possibilities of the subject, and show how vast and fertile a field lies here ready for the sickle of the student and the physician.

Before leaving this part of our theme, however, we may be permitted two remarks: First, The development in modern physiology, of two distinct nervous systems, both corresponding and antagonistic to each other, in the human body, cannot but exercise a powerful influence upon our views of pathology; and yet the homœopathic law proves sufficient for the occasion, and shows itself equally at home and equally triumphant in these new spheres of scientific discovery. Second, this statement of the *dual nature* of the nervous apparatus considered as a whole, and in which normal vitality results from the *average*

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\* Hahnemannian Monthly, vol. ii, No. 2.

*equilibrium* of the two balancing systems which compose this whole, becomes the key to the great therapeutical puzzle of the single remedy, or of two in alternation. So far as the most accurate observation can decide, equally complete cures have been made with the single remedy, and with two given in alternation. If nature, then, perfectly responds to one method of medication, how can she also respond with equal readiness in many cases to another and exactly opposite method? The answer now becomes plain; the single remedy, either in the continued action of its single dose, or in its successive doses, may successively influence both the nervous systems involved in a complicated form of disease: while of two remedies given in alternation, one may influence the spinal, the other the sympathetic nervous system;—in either instance the disorder being effectually routed from them both.

OPIMUM.—The primary action of this drug is expended as a stimulant (“irritant”) upon the cerebral ganglia, especially those which control the respiration and circulation. Hence we discover, as the immediate effect of moderate doses, an increased activity of the heart and lungs; a delightful sense of bodily comfort; excitement of the sensorium; a wonderful flow of ideas, notably of the imaginative order, and corresponding exaltation of the sense of personal consciousness. These changes are accompanied by flushed face, bloated countenance, dilated pupils, and other physical signs of cerebral congestion. And they are followed—especially after larger doses—*secondarily*, by contraction of the intercranial arteries, blunting of the senses, drowsiness, somnolence with stertorous breathing, obstinate constipation, coldness of the surface, cold extremities, cold perspiration, and other indications of capillary paralysis. The *ultimate* symptoms are still more grave; among them may be found almost every variety and grade of sensorial stupefaction, decay of intellectual power, moral depression, delirium, “rage, frenzy, and mania,” functional insufficiency, tissue innu-



trition, diarrhoea, sleeplessness, painful spasms, tetanic convulsions, and paralysis.

It should be observed here that the symptoms which we have termed secondary, as well as those called immediate, are usually regarded as primary; and such indeed they evidently are, compared with those known to be *ultimate*. The tendency to sleep is very properly classed among the primary symptoms of opium; but under the influence of small doses it results from the physiological reaction against the initial congestion to the head. This sleep, easy and quiet, is very similar to that which is natural.\* But when the doses are so large that nature cannot react against them, sleep is still more literally a primary symptom and at the same time pathological; for in such cases it results from the continued pressure of the blood in the cerebral vessels (stasis), which nature for the time being is unable to remove. This state of somnolence, with its swollen features and slow, laborious and stertorous respiration, can with difficulty be distinguished from apoplexy spontaneously arising.

Hahnemann, affirming that "Opium is no true anodyne, does not cure pain,"† and that, "among the primary symptoms of Opium, there is not one symptom of pain," seems disposed to restrict the use of this remedy to its primary symptoms, to those in which it may prove curative in the smallest doses. And, with the same view probably, he dwells largely upon its universal abuse as a narcotic and palliative. While yielding to none in profound reverence for the founder of homœopathy, and regarding him not only as having been far in advance of the medical knowledge of his day, but also as having created the true sci-

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\* According to Dr. Hammond, the immediate cause of natural sleep is to be found in the diminished quantity of blood circulating through the vessels of the brain. "Sleep and its Derangements." By William A. Hammond, M.D.; Philadelphia, 1869.

† The quotations are from the *Materia Medica Pura*.

ence of medicine; we do not imagine that he would claim either to have rendered his system perfect, or to have forestalled all improvements and additions to it in after ages! Nor do we detract from his proper honor, therefore, when we affirm that, in common with the most enlightened physiologists of his day, he failed to appreciate the importance of the reciprocal action and reaction of the double nervous system which supplies the human body,\* and that he overlooked the fact that larger doses of drugs might be as homœopathic to diseases corresponding to their secondary and ultimate symptoms, as the smaller doses were to disorders corresponding to their primary symptoms.

The following examples will express what still remains to be said in this connection. The ultimate symptoms of Opium are as full of painful conditions as the primary symptoms are free from them. A young lady early in the evening eat a large quantity of ripe cherries—"a wash-bowl full," the servant said; while entertaining visitors she suffered much pain, and on retiring to rest took a strong dose of brandy to relieve it. This enabled her to sleep a few hours; then she awoke in great distress, with vomiting and purging. At six A.M., I found her suffering with "very painful spasmodic paroxysms" arising from the epigastric region, and extending all over her. In spite of every remedy these increased in intensity, until she had

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\* Bichat, born in 1771, is supposed to have established the distinction between the ganglionic and the cerebral nervous systems.—Whewell, *Hist. Induc. Sci.*, II, p. 463.

"The notion of the independence of the ganglionic system was espoused by Cuvier (*Leçons d'Anat.*, 1799), and particularly insisted on with his accustomed eloquence by Bichat (*Anat. Gen.*, 1801)."—Fletcher, *Rudiments*, p. 66, n.

Hahnemann was born in 1755; the Preface to vol. iii of the *Materia Medica Pura* bears date 1817: consequently he cannot be presumed to have been unacquainted with so important a discovery; but so far as I have been able to learn, his writings show no trace of its influence upon his studies in pathogenesis.

at brief and still more frequently recurring intervals, "spasmodic motions accompanied by cries."\* These paroxysms constantly grew more violent and longer continued; her agony was fearful; her features pinched and shrunk, and the smallest dose of medicine or drink of water occasioned vomiting. Her friends expected her speedy death. While I was momentarily at loss what to do, her brother suggested an opiate enema, having once seen the happy effects of such an application under circumstances not very different. Half an ounce of laudanum in a little water was gently injected into the rectum; presently the patient went to sleep, slept a few hours, and awoke well. In this case the opium was exactly homœopathic to, and therefore promptly curative of, the condition of *painful spasmodic paroxysms* which had succeeded the original vomiting and purging.

Constipation and tonic spasms are prominent among the primary effects of Opium in large or repeated doses; while wasting paralysis and inveterate diarrhœa are characteristic of old opium-eaters. An elderly gentleman recovering from a long and dangerous illness, just able to be about the room, in hot weather, through imprudence in partaking of soup in which were pieces of fat pork, having eaten also some of the pork itself,—was reduced so low with passive diarrhœa that he could not attempt to turn in bed without causing immediate discharge from his bowels. Neither Pulsatilla, Arsenicum, nor any other remedies which seemed to be indicated, afforded any relief; there was a manifest want of reactive power, and it appeared as if he must die. I gave him repeated doses of a hastily prepared first decimal trituration of Opium, with most gratifying success. In this case the "relax," to use an old-fashioned domestic term, seemed to result from a paralytic debility of the minute organs of the intestines. The cure was prompt and complete.

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\* The quoted symptoms, exactly describing the case, are from the *Materia Medica Pura*, under Opium.

QUININE.—Like Opium, Quinine is stimulant or sedative according as the doses are small or large ; and its physiological (pathogenetic) effect passes off usually in a few hours, or days, according to the quantity absorbed and the sensitiveness of the patient. “A delicate and nervous lady, taking ten grains of Sulphate of Quinia on an empty stomach, was attacked in about two hours with violent abdominal pains, rigors, and general prostration with cold sweats. The face was pale, the eyes sunken, the pupils dilated, the teeth clenched, and the limbs stiff ; confused answers were given to questions ; the respiration was calm, the pulse 60. In about one hour the pulse rose to 80 ; there were ringing and buzzing in the ears, and the catamenia, which were not then due, made their appearance. The next day the patient was well as usual, except that she suffered from dulness in the head and heaviness of the limbs.”

“A man, of middle age, took by mistake three (3) drachms of Sulphate of Quinia at a single dose. He gradually became giddy and feeble, and then insensible. Nine hours after taking the medicine he lay motionless and pallid, the fingers were bluish and cold, and the whole surface cool, the respiration slow and suspirious, the pulse regular but slow and hardly perceptible, the pupils widely dilated, the sight and hearing almost extinct, and the voice extremely feeble ; the thirst was great, the tongue pale and moist, and the breath cold. He could not leave his bed until the fifth day.”\*

These examples show the intensity and brevity of the pathogenetic action of Quinine ; but its therapeutic operation is much more persistent. This drug is “tonic” in such small doses as may produce merely a physiological reaction, and “sedative” or even poisonous in quantities so great that the system is unable to recover from them

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\* Quoted from a French medical journal by Stillé, “Therapeutics and Materia Medica.” Philadelphia, 1864. Vol. i, p. 424.



without first undergoing some determinate pathological changes. By reason of the magnitude and *periodical nature* of these changes Quinine becomes a most efficient and invaluable medicine.\* As the human system when subjected to intense pain tolerates a proportional quantity of Opium—just enough, in fact, to subdue the pain without inducing drowsiness; so to a person laboring under ague, a dose of Quinine, fifteen grains, for instance, which would make a well person sick, may be administered with no other perceptible effect than “breaking the chill.” And this is a very important circumstance to be accounted for by those who deny the propriety of ever giving such doses.

In the pathogenetic action of this drug the first impression seems to be made upon the cerebro-spinal nervous system, the chill resulting directly from pressure upon these nervous centres.† The pain in the head, back, and limbs, showing that the sensory nerves are affected, while the shivering, shuddering, restlessness, and other involuntary movements, prove the equal implication of the motor nerves. The capillary circulation is arrested; the blood recedes from the surface. The second scene of this pathological drama consists in the effort of nature to restore the harmony of the circulation—both sanguineous and

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\* Stillé, indeed, denies (*loc. cit.*, p. 430) that Quinine “ever generated a periodical succession of paroxysms,” but it would not be difficult to disprove this denial by facts collected from allopathic authorities: while even this author is constrained to admit the *general principle* of which this would be but a particular example. He says (vol. i, p. 228), “The fact that, under appropriate circumstances, a cause competent to produce certain effects is also competent to remove them, has at all times been recognized by the popular as well as by the medical mind.”

*Pro medicina dolor est, dolorem qui necat.*—SYRUS.

† “When by any method we freeze, or even chill the living tissues, the act of thawing is followed by more or less congestion. The nervous tissues are no exception to this law, and whether in brain, spine, or nerve-track, congestion is sure to follow the return to warmth.”—S. W. Mitchell, M.D., “Injuries of Nerves and their Consequences.” Philadelphia, 1872.

nervous—by first setting up a reaction of heat from the sympathetic nervous system more or less exactly corresponding in violence and intensity to the primary chill of the voluntary nerves. The subsequent profuse perspiration greatly contributes to the restoration of the vital equilibrium by relieving the now overburdened capillaries. This picture of the usual influence of a large dose of Quinine upon a person in health may be considered to represent the secondary action of this drug. Want of space prevents our noticing the incurable forms of disease which are recognized as the ultimate effects of Quinine poisoning.

What is most remarkable in this connection is that while small doses; sometimes even the smallest possible, will perfectly cure chronic agues, the recent attacks, especially those most violent, are often curable only by doses which bear some near proportion to the quantity requisite to develop a similar chill in healthy persons. I have indeed cured many cases of ague, recent as well as chronic, but not the most violent, with the *one hundred thousandth potency* of Eupat. perf., and with lower preparations of other medicines. But in the worst cases, when the suffering is horrible, and the danger imminent (in popular estimation at least), one has either to find some ground in homœopathy for employing the lower and lowest preparations, and even still larger doses; or admit that the system which triumphed over cholera, yellow fever, diphtheria, and even the newly discovered epizootic, must acknowledge itself practically defeated by ague. The experience of Dr. H. E. Powell,\* that the *first dilutions* and *tinctures* succeed in recent intermittents where the high dilutions fail, accords with that of very many others. The principle here involved is the same with that belonging to what are called “congestive chills,” the third one of which, if not prevented, may prove fatal. In “pernicious or congestive fevers, when the life of the patient will be seriously

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\* Trans. of Hom. Med. Soc. of State of New York; 1871, p. 265.

endangered by the return of the paroxysm," Dr. John Ellis insists that massive doses of Quinine must be given during the intermission.\* In such cases, it would seem that, in the time allowed, neither the higher nor the lower preparations, nor even two-grain doses are of any avail. The malarious poison is indeed physically imperceptible, although not purely dynamic, and its wonderful effect on the human system illustrates the power of *minute doses accumulating for some time*; for it so thoroughly possesses itself of the nervous centres that it can be subdued in season to save life, only by considerable doses of the antidote. For we are denied the opportunity of presenting the medicine in the same gradual and accumulative manner in which the original poison is absorbed; and it becomes necessary to make *at once* a pathogenetic impression sufficient to oppose that already implanted in the organism.† And in so doing we cannot choose but obey, however unconsciously, the well-known law of physics (now, perhaps, for the first time applied to physic), which demands a larger force in proportion to the shortness of time for doing a given work. In these malignant chills, therefore, we are called upon to give doses approximating to those which would cause such chills in health; *and the recovery of the patient under such otherwise poisonous doses proves the exact homœopathicity of those doses to the case in hand*. The principle here involved, the same as that inculcated in our discussion of the homœopathic treatment of cases of poisoning, that in some circumstances *larger doses only are homœopathic as they alone are curative*, few will be disposed to deny, fewer still when they consider that this principle at the same time enlarges the borders

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\* Annual Record of Hom. Literature, 1871, p. 197. Our object in publishing these statements is to have them disproved if incorrect; for thus is the truth revealed by confuting error.

† This again recalls Hahnemann's mode of explaining the curative action of medicines, referred to in our previous paper, Hahnemannian Monthly, April, 1873, p. 402.

of homœopathy and, by so doing, confirms its truth as a universal law.

In conclusion we remark :

I. The various relations of the different sympathetic and cerebro-spinal nervous systems to pathogenesis, and to therapeutics, as yet imperfectly understood, offer to the physician a most important field for study ; a study held in abeyance, hitherto, by our ignorance of the reciprocal action and reaction of these two systems in the state of health, and rendered more difficult by the ultimate connection of these systems with each other, alike in health and in disease.\*

II. A thorough knowledge of the distinctive primary, secondary, and ultimate effects of drugs and dynamic influences can be obtained only by observing their action on one nervous system and reaction upon the other.

III. So far as we are able to judge at present, it appears that in a class of drugs or dynamic influences which are primarily stimulating and brief in their immediate action, the smallest doses are homœopathic to conditions corresponding to their primary symptoms ; while larger doses are homœopathic to and curative of disorders corresponding to their secondary and ultimate effects.

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\* The following works will show what has been accomplished in this direction :

M. Brachet, "*Recherches Experimentales sur les Fonctions du Système Nerveux, Ganglionaire,*" &c. Paris, 1837.

Davey, S., M.D., "*The Ganglionic Nervous System, its Structure, Functions, and Diseases.*" London, 1858.

Edes, R. T., M.D., "*The Physiology and Pathology of the Sympathetic Nervous System.*" New York Academy of Medicine (Prize Essay), 1869.



## PITTSBURG HOSPITAL CASES.

## SURGICAL CASES.

*Tibio-tarsal Luxation ; Fractures of the Leg, &c. ; Fracture of the Tibia ; Case of Erysipelas.*

REPORTED BY J. H. McCLELLAND, M.D.

HOMŒOPATHIC HOSPITAL, PITTSBURG,  
February 27th, 1873.

REGULAR meeting of the Medical Board. Dr. J. C. Burgher, Attending Surgeon, selected the following from the cases under treatment since the last report, as worthy of mention.

*Inward Tibio-tarsal Luxation.*

G. W., æt. 40, on the morning of January 1st, 1873, slipped on the icy sidewalk and fell, dislocating the lower end of the right tibia inwards, rupturing the internal lateral ligament. In the afternoon of the same day he was brought to the hospital. I found the patient suffering considerable pain, the ankle much swollen and discolored. The dislocation was easily reduced, the foot and leg bathed with an aqueous solution of Arnica tincture, and a roller firmly applied from the toes to upper third of leg. The roller was daily removed and the diluted Arnica used until the swelling and soreness disappeared. The patient rapidly progressed to convalescence without change of treatment.

*Fractures of the Leg and Spinal Injury.*

J. S., æt. 29, a miner by occupation, while working on night turn excavating a tunnel near the city, was crushed by a fall of shale. The accident occurred on January 9th, 1873, about 2 o'clock, A.M. He was extricated as soon as possible by his fellow-workmen, wrapped in a buffalo robe, and conveyed to the Homœopathic Hospital. About four hours after the accident, Dr. McClelland and myself (both having been notified that our services were required), arrived at the hospital. We found the patient suffering intense pain, and at once etherized him and removed his clothing. Examination revealed a double fracture of the left tibia at its lower and middle thirds, and a fracture of left fibula at its upper third. The fractures were re-

duced and a plaster of paris splint applied, after the Bavarian plan. The patient was then carefully turned on his side and his back examined, which was found to be very much bruised and in several places abraded, from the upper dorsal vertebra to the lower portion of the sacrum, and the last dorsal vertebra partially dislocated backwards and to the right side. The back was sponged with a solution of Arnica, and Arnica cerate applied to the abrasions. The patient was placed on his back, as any other position increased the pain. The lower limbs were powerless, although sensation appeared to be undiminished. Incontinence of urine was present from the first and continued for about three weeks. For several days the patient was exceedingly restless and complained of pain in his back and in the uninjured leg. The cushions and compresses on which he lay, as well as the dressings applied to the lower part of the back, were, owing to the dribbling of urine, almost constantly saturated; the urinal and sponges affording them but partial protection, on account of the unrest of the patient. About the sixth or seventh day a slough occurred over the sacrum, about as large as could be covered by an ordinary sized hand with fingers extended; its base was formed of five or six square inches of the glistening aponeurosis covering the sacrum. The patient was placed on his side and the ulcer filled with raw cotton saturated with a solution of chloride of zinc (one part of chloride of zinc to twenty of water). This dressing was renewed daily, until healthy granulation was well established, when Calendula was substituted. On the twenty-third day, removed the splint, and bathed the leg with a solution of Calendula. The callus over the seats of fracture readily distinguished by touch. Splint readjusted and patient allowed to sit up. Passive motion of the legs to be employed by the nurse, for five minutes at a time, three times a day. As soon as the condition of the patient would justify it, I had made to order a mechanical appliance, properly padded, for supporting the spinal column, which the patient is now wearing. He sleeps well and has a good appetite. His bowels are regular and urine under his control. He is comparatively free from pain, can turn himself in bed, sit up in an easy chair for an hour or so at a time, and has some control over the movements of the legs. The internal remedies used were Arn., Hyper. p., Nux v., and Rhus t. It

is now about eight weeks since the accident. The fractured bones of the leg have firmly united and the splints and bandages have been permanently removed. So far as the fractures are concerned, his leg is as good as ever. This case has been a tedious and troublesome one, but the result promises well.

### *Fracture of the Tibia.*

Mr. G., æt. 30, machine hand, on the 23d of January, 1873, slipped and fell on the pavement, producing a transverse fracture of the right tibia at its lower third. The physician called to attend the case reduced the fracture, bandaged the leg, and applied Day's ankle splints. On admission to the hospital, two days after the accident, the foot and ankle were considerably swelled; a blister as large as, and much the shape of, a man's thumb had formed just below the internal malleolus, and extensive ecchymosis of the foot was present. This condition was not the fault of the physician, but the patient, who, the evening before, injudiciously cut, loosened, and disarranged the roller about the foot and ankle. Having removed the dressings, bathed the parts with a weak solution of Arnica, and dressed the blister with Arnica cerate, I applied the Bavarian splint to the leg. The pain in the limb, which had prevented sleep the previous night, soon subsided, and the swelling and discoloration of the foot and ankle gradually disappeared. On the sixth day, I removed the splint, sponged the leg with a weak solution of Calendula, and, having first well padded the splint with cotton wadding, reapplied it, and allowed the patient to sit up at pleasure and go about the ward on crutches. On the 26th of February, the patient left the hospital sufficiently recovered to do so without risk or inconvenience, although I advised him to wear the splint for another week, more as a precaution than a necessity.

### *Erysipelas.*

J. Y., æt. 48, laborer, was admitted to the hospital, February 12th, 1873. He says he has felt very sick for several days. Present condition: face, ears, and scalp hot and swelled. The swelling is uniform, the skin smooth, and of a scarlet color. He has severe pain in the head and back; is drowsy but cannot sleep, and is at times delirious:



the tongue has a brownish-yellow coating in the centre, with red edges; he has nausea and thirst, a short, dry cough, and chilliness when the bedcovers are disturbed. His bowels are costive, the urine scanty and high-colored. Pulse 96. R. Bell.<sup>30</sup>; two drops to four ounces of water. Two teaspoonfuls to be taken at a dose, and repeated every three hours. Improvement set in on the second day, and continued to the thirteenth day without change of remedy or potency. The intervals between the doses were lengthened as the improvement progressed. I neglected to mention in its proper place, that the head and face were kept covered with dry cotton-wool, which apparently added much to the comfort of the patient. On the thirteenth day I noticed a small abscess forming behind the right mastoid process, and Hepar. s.<sup>30</sup> was substituted for Bell., to be taken in the same manner. On the seventeenth day the abscess broke, and discharged its contents. The eighteenth day the patient felt quite well, but weak, and only complained of profuse perspiration of the head while sleeping. A few doses of Calc. c. relieved this trouble, and on the twenty-sixth day he left the hospital with no visible traces of the ordeal through which he had passed.

NOTE.—The Bavarian bandage referred to elsewhere will be described at another time.

#### MEDICAL CASES.

*Intermittent Fever; Chorea; Diarrhœa; Typhoid Fever; Syphilitic Sore Throat; Dysentery.*

Dr. W. F. Edmundson, Attending Physician, made a report of the following cases from those under treatment in the medical wards during his term of service.

*Intermittent Fever. Ars.<sup>200</sup>, Ipecac<sup>200</sup>.*

Thomas Cosgrave, æt. 38, admitted to hospital, June 11th, 1872. Suffering with intermittent fever, contracted in New Jersey. Has taken several doses of what he supposed to be quinine. Chill every other day, followed by fever and sweat; sleeplessness, with very profuse perspiration at night. Chill comes on between 1 and 2 P.M. No appetite, has to force himself to eat; oppressive feeling in chest, with a burning sensation in the same; ex-



treme restlessness; better from warmth. Ars.<sup>200</sup>; two powders.

June 13th. Some improvement; chill not so violent or long; less perspiration during fever. Sac. lac.

June 17th. Chill this P.M. more violent than ever. Ars.<sup>200</sup>.

June 19th. Chill changed in character; the chill is very violent, and fever very light, followed by headache, nausea, and vomiting. Ipecac<sup>200</sup>; three powders.

June 27th. No chills since taking the Ipecac<sup>200</sup>, and to-day discharged cured.

*Chorea. Agaricus<sup>30</sup> and <sup>200</sup>.*

Ella Coates, æt. 15, admitted June 23d, 1872. She lived with her grandparents (both of whom were invalids) in a single room, deficient in ventilation, and very often wanting the necessities of life. Some four weeks previous to admission, her grandfather noticed slight twitching of the muscles of her face, and jerking of her right arm. Twitching commenced on right side, but now affects the whole body, the muscles of the face and upper extremities more than of the lower. During most violent paroxysms throwing head back, and rolling it from side to side; face flushed; dizziness; sleeplessness; cannot articulate plainly, making it very difficult to get the symptoms. R. Bell.<sup>200</sup>; dose every six hours.

June 25th. No improvement. Sac. lac.

June 27th. Very restless night; screaming and crying, with terrible twitching of the muscles, thumping her head and limbs upon the floor, hurting them very much; ordered beds to be laid upon the floor, giving her plenty of room, and at same time preventing her from injuring herself; and ordered Hyos.<sup>200</sup>.

July 3d. No better; had a few hours' sleep; twitching of muscles grows more violent; *complains of itching and burning all over the body*, causing her great distress; *great weight* in head every morning; ravenous appetite, but great difficulty in swallowing; passes large quantities of colorless urine. Agaricus<sup>30</sup>, one powder every four hours.

July 4th. Rested better during night. Agaricus<sup>30</sup>.

July 8th. Improvement very marked. Agaricus<sup>200</sup>, one powder every night and morning.

July 15th. Improving very fast; still complains of sensation of weight in head. Sac. lac.

July 26th. Discharged cured.

*Intermittent Fever. Ars.<sup>20</sup> and 1<sup>m</sup>.*

Patrick McNickels, æt. 35, admitted June 29th, 1872. Has had a chill every other day for last three weeks; chill very violent with little heat, but profuse cold exhausting sweat; chill preceded by headache, yawning, and stretching; very thirsty, drinks often, but little at a time. Ars.<sup>200</sup>, one powder every six hours.

July 1st. No chill, but slight fever with violent headache. Ars.<sup>m</sup>, one powder.

July 9th. Slight chill on 3d, none since; he afterwards received one dose of Nux vom.<sup>200</sup> for some slight gastric trouble. Met him a month after his discharge from hospital, and he had no return of chill to that date.

*Diarrhœa. Croton tig.<sup>30</sup>.*

Joseph Fox, æt. 58, admitted July 25th, 1872. Has been suffering with diarrhœa for three weeks; very weak, cheeks flushed, tongue coated white; no appetite; thirsty, but afraid to drink, because it aggravates the diarrhœa; has taken all kinds of medicine; stool watery and yellow, gushing from him like a hydrant, not giving him time to get out of bed. Croton tig.<sup>30</sup>, one powder every four hours until six were taken.

July 27th. Much better stools, not so frequent; some appetite. Sac. lac.

July 29th. Discharged cured.

*Typhoid Fever.*

Christina Mueller, æt. 23, admitted August 1st, 1872. Cannot speak English, and hence very difficult to get the symptoms. Has evidently worked in the field. Cheeks flushed and hot; breath very offensive; tongue coated brown; lips dry and cracked; sitting up causes nausea and faintness; stools dark, very offensive, and frequent; no tenderness of abdomen; slight cough; very much emaciated. Bry.<sup>30</sup>, one dose in water every three hours.

August 4th. No improvement; delirious during night, wants to get out of bed; continually calling for her sister; worse after midnight; tongue brown and cracked, brown in middle, red on edges, and swollen; eyes hollow, and blue circle around them; cheeks flushed; cough very distressing and dry; shortness of breath; pulse 118. Rhus tox.<sup>30</sup>.

August 5th. Pulse 108; passed a more quiet night; diarrhœa better; stools greenish and more consistent. Sac. lac.

August 6th. Pulse 114; tongue very much swollen; one stool in twenty-four hours; delirium not so violent. Rhus tox.<sup>30</sup>.

August 7th. Pulse 120; worse again during night; cough very distressing and tight; ordered one powder, Phos.<sup>200</sup>, and continued Rhus tox.<sup>30</sup>.

August 24th. Improving slowly; pulse very weak; perspiring nicely; ordered beef tea several times, but she could not retain it; cough better. Ars.<sup>12</sup>.

August 26th. Improving rapidly; retains beef tea, and recognized me for the first time on coming to her bedside.

August 28th. Still improving, but in great pain from abscess on left hand. Silicea<sup>200</sup>, one dose.

September 12th. Convalesced very rapidly; discharged to-day well.

#### *Syphilitic Ulcers. Nit. acid.*

James Millington, æt. 35, admitted October 18th, suffering with ulcerated sore throat. He acknowledged having syphilis some four years ago in England. His tongue near the root was the seat of three large, deep ulcers, having bluish margins, with red centres; tonsils nearly sloughed off. It caused him great pain to take the least nourishment; very foul odor from mouth. Considering the origin of case, and also surmising that he had taken mercury, prescribed Nit. acid<sup>6</sup>.

October 24th. Some improvement; throat not so sore; ulcers not looking as malignant; fetor diminished. Nit. acid<sup>30</sup>, four doses a day.

November 2d. Left hospital to-day nearly well.

#### *Dysentery. Merc. cor.<sup>30</sup>; Coloc.<sup>30</sup>.*

Elizabeth Caser, æt. 23, admitted August 20th, 1872, suffering with dysentery; passage about every half hour; stools bloody and full of mucus, with great deal of straining and burning of anus. Merc. cor.<sup>30</sup>.

August 22d. Some improvement. Sac. lac.

August 25th. Stools changed in character, not so much mucus, and more watery; terrible colicky pains, relieved by bending double and after stool. Colo.<sup>30</sup>.

August 27th. Very much improved. Colo.<sup>200</sup>.

August 30th. Left hospital well.

## A CURE WITH GELSEMINUM 200TH.\*

BY E. M. HALE, M.D.

THIS important key-symptom of the above medicine, first observed by Dr. Morgan, one of the first provers, has lately been verified in my practice. It is not, however, simply as a verification of the symptom, that I publish this case, but as a proof of the law regulating the dose which I believe to be of such importance. I allude to the selection of the dose based on the primary and secondary action of drugs.

CASE. A lady, unmarried, aged about 30, had been troubled for several years with a diarrhœa nearly all the time. Her mother, who died of an anomalous affection of the heart, was troubled for many years before her death with a similar diarrhœa. The daughter was very like her mother in all her physical and mental traits, and it may be that she inherited a tendency to irritation and weakness of the intestinal tube.

The characters of the diarrhœa were not very marked. The stools were usually watery or thin, generally dark-brown, or dark-green; attended with little or no pain; occurred generally in the early morning hours; often during the day and night. But the one peculiar characteristic was, *that any exciting news, emotion, or mental irritation brought on the diarrhœa or greatly aggravated it.* I did not learn of this last symptom until I had treated the case some time, and after I had prescribed Arsenicum, Leptandra, Sulphur, and other apparently indicated remedies, with but little effect except temporary amelioration.

The only concomitant symptom obtainable was *chilliness in the back, every day during the diarrhœa, but not at any fixed hour.* For this symptom I gave at one time Gelseminum 1<sup>x</sup>, for several days, but with apparent *aggravation of all the symptoms*, so much so as to lead me to give Arsenicum and Veratrum album.

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\* "Diarrhœa from Exciting Emotions; sometimes involuntary, or nearly so." Morgan, *New Remedies*, 3d edition. Characteristics.



Several weeks elapsed after the last remedies were given, when she came into my office one day and appeared very much fatigued by a short walk of a few blocks. She sank into a chair and appeared quite unconscious for about two minutes, during which time her eyes were closed, her pulse was natural, features natural, face of natural color; her arms when lifted dropped down heavily. She did not hear when spoken to or see when her eyelids were opened.

I allowed her to remain undisturbed, not using any restoratives. When she became conscious she said she was not able to *open the eyelids*. She stated that for the past week the diarrhœa had been very frequent; and she had become very nervous, and prostrated, mentally and physically; the chills also troubled her. It was at this time that she mentioned the presence of the peculiar characteristic symptom. Recollecting Dr. Morgan's proving, also the ptosis or inability to lift the eyelid, the chills of the back, &c., it occurred to me that *Gelsemium* *must* be the specific remedy for this case. But I had already prescribed it with unfavorable effect in a low dilution. But it also occurred to me that these symptoms were all primary symptoms of the drug. During the primary action of *Gelsemium*, all the circular muscles of the body are relaxed, sometimes paralyzed, and a state of semi-consciousness occurs; chills of the back are also nearly always present. I decided, therefore, that only the *high* potencies were indicated. The 200th was therefore prescribed, *four* small pellets morning and evening.

A week after this patient came briskly into my office and said: "That last remedy was just the thing; all those symptoms left me in a few days, and I have been growing much stronger ever since." I saw her again several weeks after, and she was greatly improved in every respect.

I consider this as one of the most notable cases on record, and take pride in reporting it, both as a verification of a *symptom* and a *law*.

## COCCULUS AN ANTIDOTE TO OPIUM.

BY E. C. PRICE, M.D.

IN the February number of the *Hahnemannian Monthly* is an article by Dr. C. H. Thompson entitled "Aconite *versus* Morphine."

In 1868, Mrs. B., of West Virginia, came to Baltimore to be treated by me for an irritable ulcer on the dorsum of the foot, attended by caries of the bone, the consequence of a severe bruise. She had attacks of excruciating pain every evening, about five o'clock, for which her allopathic attendant in the country had for a good while given her black-drop (she could not take morphia). The pain was so excessive that she was compelled to repeat the dose at short intervals, until within the space of an hour and a half she would take sixty-five drops. I tried every means in my power to get rid of it, but the black-drop she must have. Finally, when the ulcer had healed considerably, she no longer had the pain, and I fancied it would be an easy matter to get rid of the black-drop, but I soon found that if she went a few hours past the usual time for taking it she was seized with the most intense fainty nausea, vomiting, and utter prostration. Thirty-five or forty drops of the narcotic would bring her up all right in a few minutes. I now prepared a solution—the first time of two ounces, the second time of four ounces—of black-drop so that a spoonful would contain about thirty-five drops. Every time I gave her a spoonful of the medicine I added a spoonful of water to the solution. I vainly hoped that by thus gradually diluting it, I could gently steal it away. I thought at first the dilution had been too rapid, so I tried it again with a larger quantity, but in both instances I found when a certain point of dilution had been arrived at the old spells came back again. I now began to think of an antidote; tried several without effect. I then consulted my friend, Dr. Charles F. Heermann; he advised Cocculus 30. I gave

Cocc. 33 centesimal without effect. Went down to the 2d decimal; no result. Put 10 drops  $\theta$  into half a glass of water; gave a teaspoonful every ten minutes during the paroxysm, and every two hours during the interval. She was better after a few doses. Each spell grew lighter and lighter, and in a few days she was relieved entirely.

I have a patient that frequently uses half an ounce of laudanum daily. I tried to induce her to break up the habit, and even gave her a vial of *Cocculus  $\theta$* , but she had not the courage to make the attempt. What is most surprising, when she is sick, the 2<sup>e</sup> dilutions act on her like magic, although she continues the use of the laudanum. They appear to me to act on her better than the 30th.

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## SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

ENCEPHALOID OF THE THIGH.—November 25, 1872. I was called, by Dr. J. W. Allen, of Altoona, to see Mr. Isaac England, aged 62, with well-marked encephaloid of the left thigh, extending externally from the great trochanter to below the middle third. The growth made its appearance nearly two years since, and previously, early in the case, there had been two attempts made to extirpate it. The parts, six inches in width and double that in length, were in a state of open ulceration, surrounded by a wall of whitish cauliflower or fungous ridges; the centre of this enormous deep sore had an irregular rugged appearance, the interspaces filled up with blood-clots and purulent matter, free bleeding occasionally taking place. The discharge was ichorous, profuse, and so offensive as to pollute the whole house. Examination of the groin showed comparatively little glandular enlargement, the fungus to touch was soft, vascular, and attended with slight pain. Aware of the threatened danger from hemorrhage, and that the operation was only palliative, the patient was

chloroformed, and, assisted by Dr. Allen and three allopaths of the place, I removed by dissection all the brain-like or cancerous substance down to apparently healthy muscle, exposing the bone for several inches below the great trochanter. Hemorrhage in the main was arrested by using freely the actual cautery, vessels of any size throwing a jet were tied. The man rallied under Dr. Allen's treatment, and obtained a long respite; the disease, however, returned in full force, and lately terminated in his sudden death. In the removal of fungous cancerous growths, where you have persistent and, if not checked, fatal oozing, thorough use of the hot iron is the best and usually instantly effectual hæmostatic; and from trial in many cases, either Zinc and Arsenic as internal remedies, according to their collateral indications, give most relief. Patients are benefited by the constant application, in these cases, of a large fermenting poultice of some kind.

**RADICAL CURE OF FEMORAL HERNIA.**—In the case of Mrs. Reed, 1712 Alder Street, on whom I was called to operate for strangulated femoral hernia, right side, where the hernia was old, and the strangulation of one and a half days' duration, after dividing the stricture, and replacing the gut, I found the opened sac very much thickened, and not in the least yielding when forcibly drawn upon. I trimmed the sac close to its attachments, and applied interrupted sutures, leaving the ends out at the wound to be drawn upon. The other coverings were secured in the usual manner. The result was a radical cure, with no necessity for a truss.

**EPITHELIOMA.**—November 2d, 1872. I removed epithelial cancer from the lips of two patients of Dr. Wood, of West Chester, both aged persons, by excising V-shaped pieces, with good result; that is, the incisions healed, and with no return. In one of the cases the ulceration was considerable, discharge profuse and thin, with no lymphatic enlargement; wire sutures adjusted the wound as being less irritating than silk. As far as I know the cases



I have operated on at the clinic, where the glands were not enlarged, or affected, did well, with no relapse. This affection is almost exclusively confined to the lower lip, and as a rule, with few exceptions peculiar to men, and oftener seen on the left side, generally beginning like a wart or discolored dry scale, terminating eventually in an ulcer having everted edges, with a reddish, concave, or bleeding base, discharging freely thin corrosive ichor. There is little use of operative interference when the poison has been absorbed by the lymphatics. I do not know of undoubted cures of this malady by medicines, which have even little or no effect as palliatives. It is possible that in the future, when homœopathy is better understood, the knife may be dispensed with.

VICIOUS CICATRIX.—I saw, with Dr. R. C. Smith, October 31st, 1872, a child named Michener, aged 3 years, who had been badly burnt on one hand some months previously; the fingers, and especially the thumb and forefinger, were joined or fused throughout, contracted on the palm, and partly imbedded in the hand, so that the extremity was deprived of its functions. Being chloroformed, and putting the parts greatly on the stretch, I divided with a tenotome the inodular tissue at its most resisting points, as well as the deeper contracted aponeurosis, making large unavoidable gaps, which were allowed to heal by granulation. The tendons were not divided, as they do not readily or usefully reunite. When hemorrhage had ceased, the individual fingers and other portions were separately and loosely enveloped by small strips of linen dipped in olive oil, and thin splints applied to the palmar surface to maintain extreme extension, changing the dressings every two days. In a short time passive motion was resorted to, and the result was entirely satisfactory; no water was used. This is the best case of its class I have had; usually recontraction takes place in a few weeks. I believe the oil dressing had the curative effect.

## CORRESPONDENCE.—RETIREMENT OF DR. H. M. PAINE.

EDITOR OF THE HAHNEMANNIAN MONTHLY: The retirement of Dr. H. M. Paine from the office of Secretary of the Homœopathic Medical Society of the State of New York is an event which should not be allowed to pass unnoticed, as the writer believes to no man now living is so justly due the title of "the homœopathic organizer" as to Dr. Paine.

Immediately after the passage of the law of April 13th, 1857, authorizing the organization of homœopathic county societies in the State of New York, Dr. Paine commenced an attempt to awaken an interest in the subject of homœopathic organization in this as well as in other States. How far his untiring efforts have been successful the sequel will show.

On the 20th of October, 1857, the Homœopathic Medical Society of Oneida County was organized in the city of Utica, and Dr. Paine was present at that meeting. This was the first county society actually organized under the new law, although preliminary meetings for that purpose had been held in the counties of New York and Kings at a somewhat earlier date.

From this time forward, a period of more than fifteen years, Dr. Paine has labored unceasingly to perfect the organization of the homœopathic profession in the State of New York, and his influence and advice have contributed not a little to arousing a spirit of organization in other States.

At a special meeting of the Oneida County Medical Society, December 6th, 1859, Dr. Paine read an elaborate paper on "The Importance of immediately Organizing State and County Medical Societies." (*Trans. Hom. Med. Soc., of State of New York*, vol. 6, p. 543.) There were then only seven county societies in the State of New York; there are now societies in about forty counties. At the meeting of June 18th, 1861, he presented a report, embodying a circular to the homœopathic physicians of the State, which closed as follows: "We believe it to be of vital importance in its influence upon the future prosperity and position of homœopathy in this State. The benefits of organization are obviously as great as really needed, and as useful to us as to allopathic physicians. By it we ascertain the number of educated and legally qualified physicians of our school; conform to the statutory enactments of the State; secure concerted action in the improvement of the *Materia Medica*, and facilitate the diffusion of practical knowledge among the members of the profession." (Vol. 6 of *Trans.*, p. 566.) At the same meeting he also presented the form of act of incorporation of the State Society, and on motion of Dr. L. B. Wells, the following resolution was adopted:

"Resolved, That the Oneida County Medical Society approves of the act of incorporation presented by Dr. H. M. Paine, and would respectfully refer it to the committee appointed at the last meeting of the State Homœopathic Medical Society, with the request that earnest and untiring efforts be made to secure its adoption by the next Legislature of the State." (*Trans.*, vol. 6, p. 561.)

This act of incorporation was passed by the Legislature, April 17th, 1862, and the Society was legally organized under it May 6th, 1862. (*Trans.*, vol. 1, p. 19.) The honor of having inaugurated the movement for the purpose of securing the legal right to organize county and State homœopathic medical associations belongs to the Homœopathic Medical Society of Northern New York, as appears by the following paragraph from a letter by Dr. Cornell.

"At a semi-annual meeting, held in July, 1856, a committee was appointed to petition the Legislature to legalize the homœopathic practice in this State, by authorizing the formation of homœopathic county medical societies, having equal legal privileges and immunities extended to similar allopathic associations. Petitions were circulated and numer-

ously signed; the assistance of the members of the Senate and Assembly from each of the counties within the jurisdiction of the Society was solicited, and by means of much earnest effort the passage of the act was secured, April 13th, 1857." (*Trans.*, vol. I, p. 33.)

But the credit of urging the matter to a successful termination is due to the Oneida County Medical Society and chiefly to Dr. Paine. Up to 1864 Dr. Paine resided at Clinton, in Oneida County, N. Y., about nine miles from Utica. As a proof of his untiring devotion to the subject of homœopathic organization, the writer would mention the fact that between the years 1857 and 1864 it was no uncommon event for him to be awakened about midnight, alike in summer or the depth of winter, by the arrival of Dr. Paine, who, impressed with the importance of some new movement for the cause of organization, had driven from Clinton late in the evening to confer with him upon the subject during the middle hours of the night, in order to return for attendance upon his patients with the breaking of the day.

Any physician who resided in the State of New York during those memorable years will readily recall the frequent and urgent letters which he received from Dr. Paine upon the subject of organization. I doubt if any escaped such a missive for a single week, and I state the simple truth when I aver that I have often received *three* per diem. It is a matter of record that between September 1st and December 1st, 1861, he mailed five hundred circulars and wrote three hundred letters upon this subject. (Vol. 6 of *Trans.*, p. 564.) What Thurlow Weed was to the Whig party in the politics of the State of New York, Dr. Paine has been to the homœopathic profession in medicine.

He has made the Homœopathic Medical Society of the State of New York the most completely organized, as it is the largest State society in the United States, and has rendered it the most effective in point of political and social influence. Its power for the advancement of the interests of homœopathy is felt in all parts of the civilized world. Dr. Carroll Dunham, in an article on the American Institute of Homœopathy, contained in vol. 2 of *Trans. of New York State Hom. Med. Society*, at p. 390, thus speaks of the efforts of Dr. Paine with reference to organizing that Association on a representative basis: "The necessity and advantage of thus converting the Institute into a national representative society was first pointed out by Dr. H. M. Paine, of Clinton, Oneida Co., the indefatigable Secretary of the New York State Homœopathic Medical Society, to whose untiring industry and talent for organization we owe the establishment and very much of the usefulness of our State Society." Of the thoroughness, accuracy, and conscientious fidelity with which he has edited the *Transactions of the Homœopathic Medical Society of the State of New York*, the ten volumes which will stand upon the library shelves of thousands of homœopathic physicians in this and other lands, will forever remain an enduring memorial. Of the labor required to prepare such a volume for publication, involving a correspondence with many contributors, and with the secretaries of various county societies, the correction of manuscript, the reading of proof, and the collating and proper arrangement of the several articles, those who have had no experience can form no adequate idea. To this work, however, Dr. Paine has given his continued and most earnest attention for ten years. Often for weeks previous to the meeting of the State Society, when a volume of the *Transactions* was at the same time passing through the press, has he practiced all day, to resume his work upon the *Transactions* at night, and only desisted from his labors at the dawn, to throw himself upon his office lounge, without removing his clothing, for an hour or two of brief repose, prior to resuming his professional toil of the ensuing day. In this manner have I known him to pass six successive weeks. He con-



stantly paid to the person who assisted him in the preparation of the volumes a sum greater than that which he received from the Society.

I need not here dwell at length upon the enthusiastic zeal and alacrity, with which he has ever enlisted in every movement for the legitimate advancement of the interests of homœopathy, or upon the energy and vigor with which he has fought its battles in the long contest with allopathic bigotry. The New York State Homœopathic Asylum for the Insane, the Albany Homœopathic Hospital, and the numerous appropriations for homœopathic institutions in the State of New York, which he has been largely instrumental in obtaining; the various bills passed by the Legislature of that State within the last ten years in favor of homœopathy; the certain defeat of all those measures brought before the Legislature in the interests of allopathic bigotry; all bear witness of the sentinel-like fidelity with which he has stood guard upon the fortress of homœopathy in the State of New York, and, while cordially welcoming its friends, has made it absolutely impregnable by its foes.

In a larger and national field, the Van Aernam contest, and its auspicious termination for our school, of which the pages of the tenth volume of the *Transactions* contain the full record, will be an imperishable testimony of his inflexible opposition to medical bigotry.

Says Dr. Verdi, Chairman of the Committee on Legislation, in his report to the American Institute of Homœopathy, in speaking of the Van Aernam matter, "The next thing was an alarm given from the State of New York, that almost gave me a fit. And you will not be surprised when I tell you that the man at the rope of that alarm bell was no more nor less than my friend, Dr. H. M. Paine, of Albany.

"Several homœopathic physicians had been decapitated by a certain Dr. Van Aernam, late Commissioner of Pensions. Paine called it murder in the first degree, and pulled at the alarm bell, until I, for one, was denied all rest or respite. Documents of various sorts poured in on me, and from that time, I never went to look in my post-office box, without one of those yellow envelopes staring me full in the face. Had I gone three or four times a day it would have been the same, the yellow envelope would have been there. Finally my friend got tired of ringing that bell, and what do you think came next? Why, a telegram from Paine, stating that he and a few friends would meet me at my office next morning. When I saw that telegram, I wouldn't have given a penny for the head of Van Aernam; I knew it was condemned to the block. True to his word, my friend Paine, the next morning—February 25th, I shall never forget it—appeared in a complete suit of armor, not of steel armor, as of old, but a more modern one, a car-load of newspapers, acts, resolutions, indignation meetings, protests, &c." (*Transactions American Institute of Homœopathy*, 1871, p. 101.)

Dr. Paine has for several years felt that his duty to his family and to his patients required his resignation of the laborious position of Secretary, but in deference to the urgent solicitations of his friends, he has retained it to the present time.

After having done more for the success of homœopathy in this State than any other man, he has now retired with the respect and good wishes of all the members of the Society. That he will continue, as he has hitherto done, to take an active interest in all legitimate movements for the advancement of homœopathy we cannot doubt. The polemical period of homœopathy probably closed with the ousting of Van Aernam, above referred to, and it was most fortunate that Dr. Paine was the Secretary of its medical society in the Empire State during that most important period. The ten volumes of *New York State Transactions*, edited by Dr. Paine, have annually contained a complete résumé of the progress of homœopathy in all parts of the world, and thus constitute



"year-books of facts and statistics" of incalculable benefit to the profession, but so conveniently accessible in no other publication. These volumes will forever form an *armamentarium*, well stocked with polished weapons, from which the members of our school may hereafter arm themselves in any future contest (should such arise) with allopathic bigotry.

Dr. Vincent, of Troy, who is the new Secretary, will doubtless emulate the bright example of his distinguished predecessor.

W. H. W.

[We take great pleasure in adding to the above well-merited tribute, which came to hand too late for our April issue, the following resolutions, prepared by a committee appointed for that purpose by the State Society (New York), and which are to be engrossed and presented to Dr. Paine.—EDITOR H. M.]

*Semper paratus et fidelis, si monumentum quæres circumspicere.*

Our late Recording Secretary having retired from the office, we cannot let this occasion pass without expressing our high appreciation of his services in the cause of homœopathy, and especially in advancing its interests in the State of New York, therefore,

*Resolved*, That the thanks of this Society are due to Dr. H. M. Paine, the retiring Secretary, for his distinguished services, during ten years of the most interesting period of its history, in promoting the interests of the Society, and the advancement of the general cause of homœopathy, by the exercise of rare skill and the most indefatigable industry.

*Resolved*, That the ten volumes of reports of the transactions of our Society form an important element in the history of this eventful age, reflecting the highest credit upon the Secretary, under whose supervision they were published, and constituting a monument which shall ever commemorate the skill, industry, and great ability with which Dr. H. M. Paine has performed this important work.

*Resolved*, That we regret the necessity for taking leave of Dr. Paine in his official relations; that the uniform kindness, patience, and gentlemanly courtesy, which have characterized his intercourse with us, have made a deep and lasting impression on our memories, which time shall not efface.

In pursuance of a vote of the New York State Homœopathic Medical Society, at its annual meeting, held in the city of Albany, Feb. 13th, 1873.

S. D. HAND,  
L. B. WALDO,  
E. P. K. SMITH,

Committee.

## TWENTY-SIXTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE thirtieth anniversary and twenty-sixth session of the American Institute of Homœopathy will be held in the city of Cleveland, Ohio, commencing Tuesday, June 3d, 1873, and continuing four days. The usual *preliminary meeting* will be held at the residence of Dr. N. Schneider.

There is every reason for believing that this meeting will be largely attended, and that the reports of the various bureaus will be more than usually full, interesting, and valuable. In accordance with the plan of the

Institute—that each bureau shall select a special subject for presentation and discussion—the following bureaus have notified the General Secretary of their selection of the annexed subjects:

*Bureau of Materia Medica, &c.*: A Plan for the more thorough and proper Proving of Remedies and Notation of Symptoms. Provings of Eucalyptus.

*Bureau of Clinical Medicine*: Phthisis pulmonalis.

*Bureau of Obstetrics, &c.*: Leucorrhœa.

*Bureau of Surgery*: Diseases of Bones and their Medical and Surgical Treatment.

*Bureau of Anatomy, Physiology, and Hygiene*: What is the best Diet for the Sick in general, and what is the best in Particular Diseases?

*Bureau of Psychological Medicine*: Vital Dynamics.

*Bureau of Ophthalmology and Otology*: Asthenopia.

*Papers upon these subjects are solicited by the various bureaus.* Papers upon other subjects are not intended to be excluded, but are likewise solicited. All papers upon medical or surgical subjects should be sent to the chairman of the appropriate bureau, or to the General Secretary.

Officers of homœopathic medical societies and institutions are earnestly requested to send a written report of the condition, &c., of said societies or institutions, to DR. W. M. WILLIAMSON, No. 29 North Eleventh Street, Philadelphia, Chairman of the *Bureau of Organization, &c.*

It is hoped that physicians will make strenuous efforts to attend this meeting of the Institute, and do what they can to make it subservient to the advancement of medical science.

The Institute will be hospitably entertained by the physicians and other citizens of Cleveland during the session.

A *circular* will shortly be issued by the General Secretary, in which further information will be given, including that relating to railroads.

Members of the profession wishing blank *applications for membership*, will be promptly supplied by applying to

ROBERT J. MCCLATCHEY,

General Secretary, No. 918 North Tenth Street, Philadelphia.

## PUBLICATIONS RECEIVED.

THE CHARACTERISTICS OF THE NEW REMEDIES. By Edwin M. Hale, M.D. Third Edition. Remodelled and rewritten. Detroit, Michigan. Published at Lodge's Homœopathic Pharmacy. 1873.

One of the most diligent and indefatigable laborers in the homœopathic vineyard is the author of the "New Remedies," now presented in a third edition and different method. No name is more widely or better known to the profession in this country than that of Dr. E. M. Hale, and

probably no American physician is more read in Great Britain. Hahnemann's name is inscribed on the corner-stone and capitol of the noble edifice founded and in great measure built by him, but whose completion he lived not to see. Hering's great labors, greater even than we know, perhaps, are now nearly done; but not so the vast work which he has prepared for his successors. Hempel, better known as the translator of Hahnemann's writings and those of other German homœopaths, himself the author of ample volumes on the *Materia Medica*, is likewise now far advanced in years; but while waiting his final summons to the future life, he still looks with kindly interest upon the beneficent enterprises of the present. And Hale, who, while yet comparatively a young man, has already done enough to merit his taking rank with these heroes of homœopathy, has still before him, as we believe and hope, a long and useful life in which he may at once augment and improve his work on the *Materia Medica*.

Envy and detraction follow even the best of mankind; and it would seem that the more devotedly men engage themselves in the service of humanity, so much the more bitterly have they ever been reproached and reviled. And while none of the four above mentioned have remained unscathed, Dr. Hale seems to have been honored with even more than his due proportion of the current bitterness. The first edition of his *Materia Medica* attracted comparatively little attention; but the second was fiercely assailed. Witness the editorial review, and also Dr. Lord's, both alike critical and caustic, thirty-three pages in all, in the same number of the *Chicago Quarterly*,\* followed in the succeeding volume by the scientific inquisition of "D."† The review of this work published in our own monthly, although prepared by our predecessor who was well known to be strongly opposed to the method adopted by Dr. Hale, and to regard as injurious to the homœopathic cause much that he had published under the homœopathic name, was far more kindly and liberal.‡ And now, as then, the *Hahnemannian*, laboring for the common cause, and for the good of the whole, desiring, therefore, to do equal justice to all, without fear and without partiality, recognizes the important labors and high merit of this author, and at the same time regrets some serious errors of his present plan and method.

It were of little use to pronounce a work perfect which the profession must presently find imperfect in some principal respects. But if errors in method and faults of execution can be pointed out, a great benefit is conferred upon the author who is wise enough to avail himself of such friendly criticism, and thus, eventually, upon the public. Unlike many other critics, who condemn in toto, or praise with fulsome indiscrimination, we seek to recognize and appreciate all that may be good; to accept

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\* U. S. Med. and Surg. Journal, vol. ii, pp. 406-439.

† U. S. Med. and Surg. Journal, vol. iii, pp. 71, 198.

‡ *Hahnemannian Monthly*, vol. ii, p. 490.

and commend whatever may be useful, and to distinguish the unsound and injurious. And we believe that Dr. Hale will yet bequeath to posterity a truly homœopathic work on the *Materia Medica*, which shall at the same time advance the best interests of our noble science and establish his own reputation above all adverse criticism. Indeed, his evident determination to improve, as it were on the *fas est hoste doceri* plan, is shown in the title to this edition. No longer do we read "The *Homœopathic Materia Medica*, of the New Remedies," against which his reviewer so earnestly protested,\* but instead, "The Characteristics of the New Remedies."

The literary history of this work has a peculiar interest of its own. The *first edition*, quite a thin volume, contained some forty-four remedies. A few of them, like Eupatorium, Phytolacca, Podophyllum, and Sanguinaria, had already been incorporated into the *Materia Medica*. Others, like Rumex, Cimicifuga, Cornus, &c., had merely appeared in the various journals. Some of the remainder, then entirely new to the profession, have since taken high rank; among these may be mentioned *Æsculus*, *Baptisia*, *Caulophyllum*, *Collinsonia*, *Dioscorea*, *Gelseminum*, *Hamamelis*, *Helonias*, *Hydrastis*, and *Veratrum viride*.

The *second edition* presented thirty-five additional remedies, among the most important of which we notice *Aralia*; the Cactus of Dr. Rubini, the Cistus of Dr. Hering, and the Lobelia, from *Transactions of the American Institute*, and other journals. Large additions were also made to the *Materia* of many of the medicines contained in the first edition, as in the instances of *Gelseminum* and *Phytolacca*, and the original thin octavo arrived at the fulness and dignity of 1142 pages. These, indeed, contained much allopathic trash and still more eclectic rubbish; but a large amount of very valuable matter was made accessible in a collected form, and the sources and authorities given, so that every physician could judge for himself of the reliability of what was set before him.

In looking back to this second edition, we observe that many remedies which were there more or less fully reported, in provings or otherwise, have failed to sustain their supposed merits. But such a result could neither have been avoided, nor, indeed, was it to be regretted. For we remember that the especial value of the work itself consisted in its being a sort of *omnium gatherum* of what was known, or believed to be true, respecting such plants as might properly be enumerated under the head of "New Remedies." And it must always be remembered, to the lasting honor of Dr. Hale, that largely through his labors such invaluable remedies as *Baptisia*, *Caulophyllum*, *Cimicifuga*, *Eupatorium*, *Gelseminum*, *Hydrastis*, *Hamamelis*, *Iris*, *Lobelia*, *Phytolacca*, *Podophyllum*, *Sanguinaria*, and indeed many others of less generally recognized importance, have come into common use. Probably no medical work of our school was ever more severely criticized, or gave more occasion for such

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\* U. S. Med. and Surg. Journal, vol. iii, p. 202.



animadversion. Yet none ever met with a more rapid sale; and few of the purchasers ever imagined that their knowledge of any one of such remedies as Gelseminum, Cimicifuga, and a dozen others that might be named, was not worth to them many times more than the whole cost of the work from which it was derived.

Of the eighty-three additional remedies which the present *third edition* supplies, we hardly know where to begin to write. Many of them are very briefly treated. But quite a number of these newest "New Remedies" have extended provings of greater or less value. Among these may be mentioned Ailanthus, ANOTHERIUM,\* Arsen. jod., Atropine,† Badiaga, Bromide of Potassium, Calabar Bean, Cannabis indica, Carbolic Acid, Carbores. sulph., Carduus m., CHELIDONIUM, Coca, Codeine, Chloral hydrate, Cotyledon um., Cupri arsen., Cyanide of Potassa (Dioscorea),‡ Formica, Guaco, Guarana, Iberis, LILIUM TIGR., Lithium, Lobelia carr., Mygale, Naja tri., Nitrate of Uranium, Plantago m., Polyporus, PTLEA T., Santonine (Sanguinaria), Sumbul (Stillingia s.), Theridion c., Trifolium, and Ustilago.

The following have valuable clinical indications, but little or no prevings: Acalypha, Aretium, Balsamum p., Barosma c., Ceanothis, Cosmoline, Eucalyptus, Hypophosphite of Lime, Hypophosphite of Potassa, Myrtus c., Oil of Sandalwood, Oxalate of Cerium, Paullinia s., Phosphide of Zinc, Strychnia et Ferri Citrate, Sulphate of Nickel, Valerianate of Zinc, and Veronica becabunga.

Many of the remedies in the first class are of great importance, some few already amply proved, as Chelidonium, Lilium, and Ptlea. But few of those in the second class promise to attain a high rank. With regard to these it is no small satisfaction to have presented in convenient form, and in one handy volume, what is best known respecting them; and this may lead to their scientific (pathogenetic) exploration.

The *new method* of the present edition, as we have already termed it, now demands our attention. "In writing this third edition," says Dr. Hale, "I have, after due consideration, omitted the descriptions, history, &c., of the remedies, as well as the voluminous provings and reports of cases, and have given only those symptoms which I believe to be peculiar and characteristic, or have been verified by new provings in clinical experience. I have also added over *eighty* medicines to those contained in the second edition, and have treated them in the same manner as I have the oldest remedies, namely: condensed the provings, clinical experience, &c., into the smaller compass compatible with their value."<sup>§</sup>

With regard to the remedies already published in full, this condensation

\* Those with more extended provings are italicized.

† Those with small capitals have still more copious provings.

‡ Those in parenthesis were in previous editions.

§ Preface to Third Edition.

can readily be judged and estimated in each instance at its real value by those who have the previous edition. But no such recourse is offered them with regard to the eighty odd remedies thus condensed and for the first time presented by the author in his work. While those who have not the second edition, now probably out of print, are placed on a perfect equality both as to the original and the more recent "New Remedies"—that is, they neither have the "voluminous provings and reports of cases," nor are they informed where they may find them. For these persons, therefore, in the great number of instances in this book, the *Materia Medica* is Dr. Hale and Dr. Hale is the *Materia Medica*, its alpha and its omega.

This brings us face to face with what we cannot but regard as the two very serious faults of the present work: the one of method—*publication of résumé where no provings had been given*; the other of execution—*almost total omission of references to original sources*, especially as regards provings. From his unwearied industry, great ability, and long devotion to *Materia Medica* studies, Dr. Hale may be esteemed as capable as any man—much more capable, indeed, than most men—of thus condensing the *Materia Medica*. But no human talent can redeem the work from the injurious influence of faults so radical, or render it as reliable and practically useful as it might have been without them. Speaking of "A Pathogenesis of Sanguinaria" that "appeared in the *Transactions of the American Institute of Homœopathy*, vol. i," Dr. Hale himself says: "This was a *résumé* of several provings. The original provings should have been saved. I have not been able to obtain them. A *résumé* should never be published except in connection with the provings of which it is composed." This is sound doctrine; and no less true now, when it is applicable to Dr. Hale himself, working as it were alone and in the dark, as when it was applied to the public labors of men like Jeanes and Williamson and Kitchen, who were mainly instrumental in furnishing the material for the volume referred to.

The necessities of the publisher as to reissuing in numbers, or even in one "voluminous" volume, largely filled with what had been published before, may have afforded material reasons for the condensation method adopted in the new edition. But the fact of such condensation having been concluded upon should of itself have shown to the learned author the importance of giving copious references to original sources, as respects *provings and reports of cases*, whence clinical indications and "characteristics" were derived. But in very many instances no indications or references are made as to the sources of the original provings; and in other cases a few individuals' names are attached to particular symptoms. In the following named remedies *no references* or other indications are given to show where may be found the original provings. The reader, therefore, is left in the dark as to whether he is put in possession of the whole proving or only of Dr. Hale's condensation of it; and equally so as to whether the original proving was made by reliable

persons, by men or by youngsters, by experts or by amateurs. In this category are the following: Ailanthus; Anatherium, charged to *Houatt*, an unknown party, should be *Houatt*; Arsen. jod.; Atropine; Badiaga; Balsamum Peru; Benzoate of Ammonia; Bromide of Lithium; Calabar Bean; Cannabis ind.; Carburetum sulph.; Carduus m.; *Chelidonium m.* (Seventeen pages given of Dr. G. Buchmann's elaborate proving, without mention of the author's name, or where the English translation may be found); Cupri arsen.; Cyanuret of Mercury; Doryphora ten-linea; Formica; Hypophosphite of Lime; Lithium c.; Menispermum; Nobulus; Paullinia sorb. (no means given for determining whether or no this is identical with the *Paullinia pinnata* of Dr. Mure); Ptlea; Trifolium; Ustilago. Many of these remedies were largely proved by Dr. Hale himself: but while in all these instances he gives no clue to the original provers, even of his own provings, and while quite bashful about attaching other names to the "characteristics," he is quite sure, doubtless on the principle of rendering to Cæsar the things that are Cæsar's, to affix his own name to all the symptoms to which he thinks he has a claim. But without dwelling too long upon such trifles, we conclude our notice of this part of the execution of this work with a single remark: if the author had annexed the proper references to each of these new remedies, to indicate *who proved them, and where the provings or clinical experience respecting them could be found, he would very greatly have enhanced the credit, value, and usefulness of his work.*

But while we are thus regretting the faulty method of publishing *résumés* of unpublished or unknown provings, and the deficient execution of omitting important references, we must not fail to notice some "spots on our feast of charity." The pathogenesis of *Tarantula* Dr. Hale repudiates; but Dr. Hering calls it "*one of the best provings we have.*"\* And we could readily refer to fifteen or twenty reported cases of important cures made with this splendid remedy,—cures founded on this same pathogenesis of Dr. Nunez.† The pathogenesis of *Bufo* our author also rejects, and because it is Dr. Houatt's—some of whose provings, however, he incorporates in his work. If Dr. Hale had no respect for the judgment of Dr. Lippe, who translated this proving,‡ he might at least have shown as much courtesy to the labors of an enthusiastic homœopathic and honorable man like Dr. Houatt, as for the motley crowd of allopathic and eclectic worthies whose names so frequently crop out even as vouchers for his "characteristics!" nor was there any need of ignoring Dr. Mure's

\* Annual Record of Hom. Literature, 1871, p. 41.

† North American Jour. Hom., 1872, pp. 75-88, 282; Annual Record of Hom. Literature, 1870, p. 296.

‡ In his introduction to this proving of *Bufo*, which comprises five hundred and thirteen symptoms, Dr. Lippe says: "We consider it also a duty to publish the following pathogenesis."—*Hahnemannian Monthly*, vol. vi, p. 526, June, 1871.



original and significant proving of the *Bufo* s., extending as it does through thirty-nine days, and embracing seventy-nine distinct symptoms.\* Dr. S. B. Higgins mentions the popular (South American) use of *Bufo* poison (saliva) to cause and cure impotency, which verifies Houatt's 335th symptom, "obstinate impotence."† Dr. Mure gives "constant erections without desire."‡ Such exhibitions of illiberal spirit and unphilosophical and unscientific action are suggestive of the tributes which even the greatest of men but too often pay to personal prejudice.

But it is necessary to conclude this prolix notice. We presume few of our readers, certainly none who desire to keep up with the times, will be willing to do without this new work of Dr. Hale's. Indeed, it contains much most important matter, which one must otherwise ransack an extensive library to find. The publisher has done his part very well; some few typographical errors we have indeed noticed, but they mar the appearance of the work rather than injure its usefulness. It is, however, fortunate for the gentleman who tried his "prentice hand" on the "Clinical Repertory," that he had another man's work, and not his own, to practice upon. "A friend at my elbow," as the great Arkwright would say, suggests that we "denounce the 'Repertory,' the man who made it, the printer who set it up, and the pressman who worked it off, as being useless as a reference, and a blot upon the typographical art of the nineteenth century," but we will not; but rather advise every physician to procure an *interleaved copy* of the whole work—such as we rejoice in the possession of—and may we live to see a *fourth edition*, enlarged and improved, with all the old faults left out and no new ones put in. On sale by Boericke & Tafel.

A MANUAL OF HOMŒOPATHIC VETERINARY PRACTICE: Designed for Horses, and all kinds of Domestic Animals and Fowls; prescribing their proper treatment when injured or diseased, and their particular care and general management in health. 1 vol. royal octavo. Illustrated. Pp. 658. Boericke & Tafel. 1873.

This volume, which is very handsomely printed, and beautifully gotten up every way, owes its publication to the enterprise of Messrs. Boericke & Tafel, stimulated by the immense advance made in the homœopathic veterinary practice, through its great success in treating the recent horse epidemic; and it constitutes the most elaborate and complete work of the kind ever published in any language.

The first, or hygienic part, relates to the choice, feeding, training, and breeding of the animals and fowls useful to man. The second part describes the various forms of disease, and different casualties to which these animals are liable, designates the principal remedies and their chief

\* Dr. Mure's *Materia Medica*, &c. New York: Wm. Radde, 1854; p. 195.

† Ophidians, &c. By S. B. Higgins, S.A.: Boericke & Tafel, 1873, p. 225.

‡ Dr. Mure's *Mat. Med.*, p. 196.



indications, and suggests the proper dietetic and accessory treatment. The third part consists of the *Materia Medica*, which is very extended; presents very fully the symptoms as related to animals, and contains also some new and most important medicines never before set forth in veterinary practice.

This does not claim to be altogether an original work; the first part is stated to be founded on a small English work by Messrs. Leath and Ross. This is also largely made use of in the subsequent portions of the work. But numerous additions from other sources are contained in the therapeutic portion of the book, and many entirely original articles have been added. Among these may be mentioned the sections on Insanity of Animals; on the Rinderpest of Europe; the Cattle Plague and Pleuropneumonia of Great Britain; The Texas Cattle Disease, and the Horse Epidemic of 1872, in America. The section on *Cough* is very full and complete; the whole range of homœopathic periodical literature having been examined for the sake of extracting valuable clinical experience, such as that furnished by Messrs. Lord and Moore, in this and other disorders.

In the department of what may be termed Surgical Diseases and Casualties, such as sprains, splints, spavin, lameness, &c., great pains have been taken to furnish ample means for accurate diagnosis. This once made, the exact local and constitutional homœopathic treatment becomes at once easy and successful. The material furnished in this work on any one of the subjects above named, will richly repay the whole cost of the volume to every proprietor of domestic animals.

The American Editor of this noble work prefers to place it before the public entirely on its own merits. By the aid of other allopathic and homœopathic English and German treatises on the same subject, by the assistance of cases of cures reported in the medical journals, and by the fruits of his own observation and experience in giving homœopathic medicines to domestic animals through a long course of years, he has been enabled to prepare a work which is very nearly an encyclopædia of the homœopathic veterinary science and art. Some few minor and rarely occurring disorders are indeed not here mentioned; but those more important in their nature and more frequently recurring are amply treated.

In order rightly to estimate the value and comprehensiveness of this great work, the reader should compare it, as we have done, with the best of those already before the public. In size, fulness, and practical value it is head and shoulders above the very best of them; while in many most important disorders, especially those already mentioned, it is far superior to them all together; containing as it does recent forms of disease of which they make no mention. As already stated, this volume is the outgrowth of the wonderful impetus given to the homœopathic veterinary practice by the late epizootic, but it is destined in an equal degree to advance this practice by the increased facilities which it

gives for carrying it on. Any intelligent and faithful man, who will carefully follow the directions laid down in this work, and give the medicines according to the specified indications, will immeasurably surpass in his actual success the most skilful and experienced of the old school veterinarians.

Every physician should therefore place in his library a copy of this work, that he may have something to refer to when desirous of prescribing for his own horses, when consulted by his friends for theirs, and especially to show to *veterinarians* that there is a more excellent way of "doctoring" horses and other domestic animals. And the possession of this work, we believe, will go far to convert multitudes of "horse doctors" from the allopathic to the homœopathic system of practice.

An extensive introduction, with full directions for the dose, repetition, and administration of the remedy, and examination of the sick, a copious index, and complete glossary of the technical terms, enhance the value and practical usefulness of this work. Much more could be said in its favor; and had we time and space at our command, we could readily demonstrate the superior ease and efficiency of the homœopathic treatment in the diseases of domestic animals; but all this is already well known to our readers. And we trust the profession will appreciate the liberality of the publishers in issuing this important work, and will take pains to have copies placed where they will "do the most good."

**OPHIDIANS.** Zoological Arrangement of the Different Genera, including Varieties known in North and South America, the East Indies, South Africa, and Australia; their Poisons, and all that is known of their Nature, &c., &c. By S. B. Higgins, S.A. First American Edition. 12mo., pp. 232, illustrated. Boericke & Tafel.

**A PRACTICAL GUIDE FOR MAKING POST-MORTEM EXAMINATIONS AND FOR THE STUDY OF MORBID ANATOMY,** with Directions for Embalming the Dead, and for the Preservation of Specimens of Morbid Anatomy. By A. R. Thomas, M.D., &c. Octavo, pp. 337. Boericke & Tafel.

**COMPLETE REPERTORY TO THE HOMŒOPATHIC MATERIA MEDICA.** Second Edition, revised, rearranged, and very much enlarged. **DISEASES OF THE EYES.** By E. W. Berridge, M.D. April, 1873.

Notices of the above valuable publications have been crowded out of this number of the journal, but will appear in our June issue.

The three recent journalistic ventures, *The Medical Union*, *New York Journal of Homœopathy*, and *Cincinnati Medical Advance*, have likewise been received, and will be noticed hereafter. Numerous other publications are on our table, but the pressure on our columns of other matter has necessitated the postponement of any notice of them.

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. McCLATCHEY, M.D., SECRETARY.

THE annual meeting of the Society was held at the College Building, on the evening of April 10th, the President, Dr. Jacob Jeanes, occupying the chair.

The minutes of the last meeting were read and approved.

DR. H. N. MARTIN proposed Dr. John D. Lechner for membership, and the Secretary proposed Dr. W. Budd Trites. Under a suspension of the rules these gentlemen were elected members.

The Treasurer's report was read, and referred to Dr. W. M. Williamson and the Secretary as auditors.

DR. H. N. MARTIN stated, with the permission of the Society, that the Centennial Finance Committee had appointed Drs. C. Neidhard, A. R. Thomas, and H. N. Martin a committee to collect funds from Homœopathic practitioners of Philadelphia for the Centennial celebration.

The auditors reported that they had examined the Treasurer's accounts and vouchers and had found them correct. Treasurer's report was then accepted.

The Scribe, Dr. B. W. James, then made his usual monthly report, as follows:

## NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

SPONTANEOUS EVOLUTION TESTED.—As an item of proof against the views of Bastin on spontaneous generation, we note the following:

Dr. William Roberts states that the results of over three hundred experiments performed by him, support the conclusion that fungi, monads and bacteria which make their appearance in boiled organic mixtures are not due to spontaneous evolution, but arise exclusively from pre-existing germs or ferments introduced from without. His method of experimenting consisted in exposing organic solutions and mixtures to a boiling heat in glass flasks, the necks of which had been previously plugged with cotton-wool. The fluid or mixture in the flask may be exposed afterwards to the full influence of light, warmth, and air, and yet remains perfectly barren. As evaporation takes place, no organic growth makes its appearance for even years. But if the plug of cotton-wool be withdrawn for a few minutes, or a single drop of any natural water, however pure or well-filtered, be introduced, then all is changed. In a few days the clear solution becomes turbid with bacteria and monads, or a mass of mildew covers its surface and soon half fills the flask. A plug of cotton-wool acts as an absolutely impervious filter to the solid particles of the atmosphere, while it permits a free passage to the gaseous constituents. It is considered impossible to doubt that the biogenic power

of the atmosphere resides in its dust, and not in its gaseous ingredients; but as to whether it be a specific germ or ferment, or what its nature is, no sufficient evidence has yet been adduced.—*Med. and Surg. Reporter*, No. 840.

LEPROSY.—A very interesting article on this disease as it exists in the Sandwich Islands, recently appeared in the *Boston Med. and Surg. Journal* by Dr. S. Kneeland, from which we will extract the following points:

“The skin of the Malay race in these Islands is very dark, yet plainly exhibits the commencement of the disease. The first symptom is in most cases a tubercular condition of the skin over the eyes, and on the forehead, cheeks, and chin; the skin looks as if indented with small pits, like those on top of a thimble. After a while the flexors of the fingers begin to contract, with loss of sensation in them, gradually creeping up the hands, with loss of the nails, and finally of the phalanges. The skin over the whole body gradually becomes affected, preventing its action, finally destroying the digestive powers, and arresting nutrition. They all said that they suffered little or no pain. All ages are affected, and all ranks of society. It is almost inseparably mixed with syphilis, which has raged like wildfire in these islands since the visit of Captain Cook. No treatment seems of any avail to remedy the syphilitic taint; tonics, stimulants, alteratives, have alike been tried in vain.

“How it is produced is a matter of question; there is a general belief that it was brought from China; it was not known in these islands until 1848, at which time it was said to have been introduced by Chinese; and it was not noticeable as a disease of the country till ten years afterwards. There can be but little doubt that it is spread by cohabitation and inoculation of any of its diseased fluids, in the same way as syphilis; that it is incurable, and the only remedy is segregation of the affected.

“While the breaking up of families and the isolating of so many, seems to be a hard alternative, experience teaches that it is the only one. There is a want of common prudence displayed by the natives, that almost sets at naught the best directed efforts of medical men, and a recklessness displayed in the indulgence of animal appetites that goes far towards eliminating that pity that we are all ready to feel for these unfortunates.

“A darker discoloration of the skin generally precedes the thickening, after which paleness supervenes, with shrivelling, sallowness, and insensibility. The deposit under the skin is accompanied by a general disturbance of nutrition, involving the nerve-trunks; the tubercles are raised above the skin, are hard and rough, on one or both sides of the median line, and unsymmetrical.

“The diseased patches may occur anywhere on the body, on the trunk and limbs, having a dry and scaly look, with blunted sensibility. A kind of granular tissue seems to be deposited in the fibrous textures of the integuments; in the so-called anæsthetic form, it is most abundant in the nerve-tissue, while in the tubercular form it occurs chiefly in the



skin and mucous surfaces, particularly in the pharynx. According to Neuman, as given in Fox's and Farquhar's report on the 'Endemic Skin Diseases of India' (London, 1872), 'the papillary body is elevated, the cutis thickened, the normal tissue replaced by minute cells slightly expanded by acetic acid; so that in some parts there only remained a slight amount of normal tissue, and the fat goes. At first it seems there are colloid cells in the corium, the aggregated colloid globules, and then the small cells infiltrate the whole cutis. Many observers believe the new growth begins about the hair-follicles, and takes the form of strands. In fact, the cell-growth invades the fibrous textures gradually to more or less defacement of them.' "

In this disease it is important to distinguish between its production and its propagation.

There is no evidence that leprosy has ever been produced in the Sandwich Islands. The usually assigned causes of the disease do not exist there. They are a cleanly and well-fed people, their fine climate preventing physical misery, and malaria not existing; they eat almost no salt food, and no grains, living principally on the taro plant, dried fish, and cuttle-fish, with plenty of fruits, as bananas, oranges, figs, mangoes, melons, &c., and the sugar cane. No light appears to be thrown on its origin by the habits or food of these Islanders, and it has been evidently introduced, probably by the Chinese, as it may be in any climate; it is said to exist in Canada, and in our Southern States. It is peculiarly prevalent in China, and we may soon expect to see it figure among the diseases of California and elsewhere in the United States where Chinese labor is introduced. Whether it may result here or anywhere, from alleged deficiency of nitrogen or potash in food, physiological chemistry must hereafter determine. It is most abundant about Honolulu, where the natives are the best fed. Being there, it will continue to increase, and add its share to the degeneracy of this race. It is rare in the equally exposed white races, so that the natural or acquired characteristics of races may enter into the solution of this difficult problem. The tendency of those who have never seen the disease is to believe that leprosy is not contagious; the opposite is the belief in the Sandwich Islands; the opinion of physicians there being, as far as I could ascertain, that it is contagious. The Government Report on this subject for 1872, asserts most emphatically that it is contagious. Dr. B. Joy Jeffries denies the contagious character of leprosy, by the following statements in another number of the same journal:

"From some personal knowledge of the disease itself, but more especially from a somewhat extended study of what has been said and written concerning it, in various parts of the world, I am firmly of the opinion that it is not contagious. This has always been the conclusion arrived at by those who have gone over the same ground; for instance, the committee of the Royal College of Physicians, who replied to the Colonial Office, by a report submitted to the College, July 20th, 1863, as follows:

"The committee having had referred to them the letter of Mr. For-

tescue, of July 9th, to Dr. Pitman, the Registrar, conveying the wish of the Duke of Newcastle to be furnished with a statement from the committee, exhibiting as forcibly as possible the full weight of the evidence which has been obtained down to this time, as to the contagiousness of leprosy, and the conclusions which the committee have drawn therefrom, beg leave to report :

“1st. The number of replies hitherto received through the Colonial and Foreign Offices amount to sixty-two. These returns have come from many of the West India Colonies, and also from New Brunswick ; from the Ionian Islands, and from several places in the Turkish Empire ; from Sierra Leone, Tunis, and Cairo ; and from Tabreeze, Ceylon, Hong Kong, China, and Kanawaha. Besides the official returns, four replies have been received from medical gentlemen, now residing in this country, but who have seen the disease in different countries abroad.

“2d. In forty-five of the replies, a decided opinion is expressed that the disease is not contagious. Only a few of the reporters, however, give any facts in support of this opinion.

“3d. In nine of the replies, an opinion is expressed that the disease is not contagious, but no satisfactory evidence is adduced in favor of this view.

“4th. In the remaining twelve replies, either no opinion is expressed on the subject of contagion, or the statements made are quite indefinite.

“5th. The committee having carefully considered the replies already received, are of the opinion that the weight and value of the evidence they furnish is very greatly in favor of the non-contagiousness of leprosy.

“6th. The committee, therefore, can only repeat the statements made in their former report to the College, that the replies already received contain no evidence which, in their opinion, justifies any measures for the compulsory segregation of lepers.’ ”

Such men as Danielssen and Boeck, in Norway, state that: “ Among the hundreds of lepers whom we have seen daily, not a single instance has occurred of the disease spreading by contagion. We have many married persons, one of whom is leprous, cohabiting for years without becoming affected. At St. George’s Hospital, many of the attendants on the inmates have lived for more than thirty years, and are quite free from any trace of the disease. As the result of our observations, we have only to deny the contagiousness of leprosy.”

Wherein does the propagating power of this disease lie? If it is ever to be annihilated from the earth is not segregation complete and entire of all lepers from the rest of humanity the best mode of accomplishing it, or at least of preventing its transmission hereditarily to a future generation? For the benefit of mankind at large the few should be obliged to submit to such segregation, if afflicted with such a malady.

HOW TO TAKE A COLD BATH.—“ Not every one,” says a contemporary, “ knows how to take a cold bath. It is a popular theory that the right thing to do is to jump sharply out of bed and to rapidly deluge the skin with showers of cold water, drying it with vigorous friction. This, how-

ever, is suitable only for the most hardy constitutions. The true way to take a tubbing in the morning is to rub the skin vigorously, using dry friction for at least five minutes before the bath, and not to bathe in cold water until the capillary circulation has been thoroughly stimulated. In this way it is well able to resist the shock; the lowering of the temperature, and the coldness and shivering which sometimes follow the cold bath, are in this way avoided."

YOUNG PHYSICIANS.—Dr. O. W. Holmes, in his "Poet at the Breakfast Table," thus punishes the young members of the profession. We must take it for granted that he once did the same thing, for he once was a *young* doctor, we think. He says:

"The young doctor has a very small office and a very large sign, with a transparency at night large enough for an oyster shop. These young doctors are particularly strong, as I understand, on what they call 'diagnosis.' I confess to a little shakiness when I knocked at Dr. Benjamin's office door. 'Come in!' exclaimed Dr. B. F. in tones that sounded ominous and sepulchral. And I went in. I don't believe the chambers of the Inquisition ever presented a more alarming array of implements for extracting a confession than our young doctor's office did of instruments to make nature tell what was the matter with a poor body.

"There were ophthalmoscopes and otoscopes, and laryngoscopes and stethoscopes, and thermometers and spirometers, and dynamometers and sphygmometers and pleximeters, and probes and probangs, and all sorts of frightful inquisitive exploring contrivances; and scales to weigh you in, and tests, and balances, and pumps, and electro-magnets, and magneto-electric machines; in short, apparatus for doing everything but turn you inside out.

"Dr. Benjamin set me down before his one window, and began looking at me with such a superhuman air of sagacity that I felt like one of those open-breasted clocks which make no secret of their inside arrangements, and almost thought he could see through me as one sees through a shrimp or jelly-fish.

"First he looked at the place incupated, which had a sort of greenish-brown color, with his naked eye, with much corrugation of forehead and fearful concentration of attention; then through a pocket-glass which he carried. Then he drew back a space for a perspective view. Then he made me put out my tongue, and laid a slip of blue paper on it, which turned red, and scared me a little. Next he took my wrist, but instead of counting my pulse in the old-fashioned way, he fastened a machine to it that marked all the beats on a sheet of paper—for all the world like a scale of the heights of mountains, say from Mount Tom up to Chimborazo, and then down again, and so on.

"In the meantime he asked me all sorts of questions about myself and my relatives, whether we had been subject to this and that malady, until I felt as if we must some of us have had more or less of them, and could not feel quite sure whether elephantiasis and beriberi and progressive locomotor ataxy did not run in the family."

THE THERAPEUTICAL USES OF CABBAGE LEAVES.—Quite a long article on this subject appeared recently in the *Revue de Therapeutique*, by Dr. Blanc. His conclusions are :

1st. The cabbage-leaf excites and augments suppuration or the secretion of ulcers, ulcerations, vesicles, and pustules. It has the same action on the integuments affected by an erysipelatous or furunculous inflammation, but recovers tissue in a morbid condition.

2d. This augmentation of suppuration is constantly followed by an amelioration and often by a cure. It is the condition necessary to the result, and the property of the leaf which determines this is an indirectly curative property.

3d. This property does not consist in any principle which the leaf yields for absorption, but rather in an affinity which the leaf has for the vitiated secretions.

4th. The leaf exercises this affinity on open ulcers, or on ulcers covered by a thick or thin scab or crust; it exercises it on the thickened epidermis or where it is converted into thickened rind-like membranes; in simple or confluent variola, throughout mortified tissues, through the integuments, whether inflamed or non-inflamed, but recovers tumors capable of absorption.

5th. When the tegumentary affection is widespread or general, the action of the leaves on the parts where they are applied benefits the whole disease.

6th. The matter in the parts not covered by leaves is absorbed, and at once directed under the leaves, to be immediately excreted at the part.

7th. Treatment by the leaves of a suppurative affection prevents reabsorption and consequent pyæmia.

8th. The cure obtained by this means is more complete and certain than by any other, because it is brought about only when the cause and products of disease are eliminated from the system.

9th. The mode of treatment is in perfect harmony of action with the *vis medicatrix naturæ*. This essays in skin diseases to eject from the system their cause and effects, whilst the leaves did this action.

10th. The cure of an ulcer by the leaves, however widespread and long-standing it may be, is without danger, and relapse is very rare.

11th. The cicatrices obtained by the leaves are remarkable for their small degree of deformity.

12th. Small-pox, measles, and scarlatina, treated by applications of the leaves, have few or no sequelæ, *e. g.*, phthisis is not to be feared.—*Med. and Surg. Reporter*, March, 1873.

DR. H. N. MARTIN then read the following interesting paper, entitled

#### RETROVERSION OF THE UNIMPREGNATED UTERUS.

By retroversion we mean a turning of the organ upon its own axis, so that the fundus of the uterus will describe a portion of the arc of a circle from before backward, and, as a retroflexion is only one of the interme-



diate positions of the uterus in performing this version, no further account will be made of it in this paper.

Not many years ago the profession seemed to be ignorant of the fact that a retroversion of the uterus could occur in the unimpregnated woman. Even post-mortems did not reveal it, because, being unsuspected, the pelvic viscera were usually carelessly lifted from their places, and therefore all traces of such an affection destroyed.

Every physician who has made this subject a special study, and whose experience justifies an opinion on the subject, unites in the testimony that retroversion of the unimpregnated uterus is not only not of rare occurrence, but that it is one of the most frequent forms of displacement of that organ.

It would extend this paper to too great a length if I were to enlarge upon the differential diagnosis of this affection, and upon the different modes of replacing or repositing the organ, and I shall therefore content myself with the relation of a case of retroversion occurring in a little girl only eleven years old.

Early in the spring of 1868 I was called to see a little girl who was suffering from anomalous symptoms, and whose case had therefore misled several allopathic and homœopathic physicians.

She was supposed to be suffering from a disease of the kidneys or bladder, or both. The whole attention of every physician, as well as of myself, was directed to the fact that she voided but very small quantities of urine, sometimes only once every day, and sometimes once every second day, and usually only about half a pint at each time. The abdomen was very much distended, and the skin of the whole body, but especially of the abdomen, was exceedingly tender to the touch. The skin was not abnormally warm, and her pulse ranged from 120 to 150 per minute, generally weak, and never full and bounding. Her tongue looked well; her appetite was very good; she slept well; and she had no unnatural thirst.

Several medicines were administered, which were apparently indicated, but without perceptible effect.

Several weeks after I commenced the treatment, and feeling somewhat discouraged by the want of progress made, I called my colleague, Prof. Morgan, in consultation. He was unable to suggest any different treatment, and agreed with me that the symptoms were anomalous, and not to be explained by the supposed pathological condition.

Whilst on our way home Dr. Morgan suggested whether it were possible for her to have a displacement of the uterus, as many of her symptoms, if occurring in an adult, would undoubtedly lead to that conclusion.

On Sunday, May 24th, 1868, an examination was made per rectum, and the uterus was found to be retroverted, the fundus lying below the promontory of the sacrum, very tender, perhaps hypertrophied, and immovable, except by the employment of considerable force.

On the following day a thorough review of her symptoms was made, and she was found to have a sensation of fulness in the stomach after eat-

ing food; belching of gas, which relieved the sense of fulness; thick, dark, scanty urine; and all her conditions were worse about four o'clock P.M. of each day.

The external and internal parts were so exceedingly tender that I did not consider it advisable to use the amount of force necessary to dislodge the uterus, which seemed to be much enlarged, and thoroughly impacted.

I gave her one dose of *Lycopodium*<sup>200</sup>, and no other medicine.

Very soon improvement commenced; the urine perceptibly increased; the distension of the abdomen decreased; the tenderness diminished; and, at the end of a fortnight, I was prepared to reposit the uterus.

At this time she suddenly relapsed, and the *Lycopodium* was repeated, with like results, and at the end of another two weeks I again made a digital examination per rectum, and found the same condition as above-stated, except the absence of tenderness.

Upon lifting her out of bed and placing her upon her feet she uttered piercing cries, caused by pains in the pelvis; but, when lying in bed, her feet were pressed upon in a direction toward the pelvis with considerable force, and without causing any pain whatever.

I now introduced the index finger of my left hand with great care and very slowly into the vagina, and then Guernsey's elevator was passed into the rectum—the palmar surface of the finger of the left hand being the guide—until the ball of the instrument was well engaged under the fundus of the uterus; gently forcing the fundus upward and forward, I, at the same time, with the finger of the left hand, pressed the os upward, at the same time drawing it backward until the uterus was repositied. I was able to accomplish this without rupturing the hymen.

Within three hours after this she walked across the room without pain or inconvenience, and within one week she was attending school.

There are some points of exceedingly great interest in this case other than that of the retroversion of the uterus in one so young. The great distension of the abdomen; the extreme hyperæsthesia of the skin, which prevented the least attempt at percussion; the scanty flow of urine at long intervals, which was proved by the use of the catheter to be *not* a retention in the bladder. The persistent denial that much wind was passed by the bowels, or by eructations, which might have accounted for the distension.

The thin, rapid pulse, with natural skin and appetite, and want of thirst, without any other sign of fever or inflammation, together with the excellent condition of flesh and strength, and the rapid recovery after the uterus was repositied, led me to a diagnosis which I may not be supported in, but which may form an interesting question for discussion by this Society.

I ought to mention that this child's breasts were somewhat developed, but there were no other special signs of puberty. In her thirteenth year she menstruated for the first time.

My diagnosis was a retroverted uterus with hysterical symptoms.

At nine o'clock the Society elected the following officers to serve during the ensuing year:

*President.*—W. M. Williamson, M.D.

*Vice-President.*—John C. Morgan, M.D.

*Treasurer.*—A. H. Ashton, M.D.

*Secretary.*—Robert J. McClatchey, M.D.

*Scribe.*—Bushrod W. James, M.D.

*Censors.*—P. Dudley, M.D., A. Korndoerfer, M.D., M. S. Williamson, M.D.

*Committee on Proving.*—A. Korndoerfer, M.D., H. N. Martin, M.D.

*Committee on Prevailing Diseases.*—P. Dudley, M.D., H. J. Sartain, M.D.

DR. A. R. THOMAS then read the following paper by Dr. Samuel Swan, M.D., of New York:

#### PREDICTION OF THE SEX IN UTERO BY AUSCULTATION.

BY SAMUEL SWAN, M.D., OF NEW YORK.

IN the August number (1872) of the *American Journal of Homœopathic Materia Medica*, I noticed a report of Dr. T. J. Hutton, of a rule for the successful prediction of the sex by auscultating the beatings of the foetal heart. "The rule is, that when the foetal pulsations number 144 per minute, it is a female; when 124 per minute it is a male; five or six beats either way not influencing the result, providing the examination be made during the 'ninth month of pregnancy.'"

I determined to test this rule, and below are the results:

CASE 1. Was called to Mrs. F., August 21st, and found her in the earlier stages of labor. Auscultated, and found the pulsations 160; made three counts for fear of mistake. It was rather too great a variation, but I pronounced it a girl. Early next morning she was delivered of a large boy.

CASE 2. Mrs. L., was examined August 20th, and the pulsations were found to be 148; diagnosed a girl, and on the 3d of September she was delivered of a girl.

CASE 3. Examined Mrs. M., on the 16th of September, and found the pulsation 160; possibly I thought I may have reversed the rule in my memory, having read it but once, so I unhesitatingly pronounced it a boy; but on the 21st of September she was delivered of a girl.

CASE 4. Mrs. Mc., examined August 19th, being in the eighth month; found the pulsations 144; from overexertion a premature labor was brought on, and August 24th she was delivered of a girl.

CASE 5. Mrs. L. was examined September 1st, pulsations 144; diagnosed a girl. When labor was progressing, September 29th, I found the pulsations 160; it proved to be a girl.

CASE 6. September 16th examined Mrs. R., and found the pulsations 144; diagnosed a girl. This was an interesting case. Two years before, I was called to her in the seventh month, and found her with labor pains;

the os considerably dilated, the head in the left iliac fossa, and could be felt through the abdominal walls. The foetal heart was heard just above the pubis, a little to the left of the centre. This position is exhibited in Sir James Y. Simpson's work on "Obstetrics and Gynaecology," page 370. The patient stated that she had a miscarriage two years previous at the seventh month, and that the child had to be turned. I gave her *Pulsatilla*<sup>200</sup>, one dose, and as the pains soon ceased, I left. Returning three hours later I found that the child had turned with a great commotion, and had a vertex presentation. She completed her full term, and was safely delivered of a girl.

At this present time the position of the child was the same, and as it was the eighth month and being in great pain and discomfort, she feared a premature labor.

The prominent symptoms were :

Pain in the abdomen, when coughing or sitting.

Pain in the abdomen on being touched.

Pain and discomfort when lying on either side, the most comfortable position being on the back with the legs drawn up.

On waking in the morning finds herself in that position, and with the arms over her head.

Copious urination.

The abdominal pains cause a desire for stool, but with the exception of a little flatus, nothing is passed.

As I have profound faith in the truth of the homœopathic law, and also great faith in the action of high potencies, which faith had been strengthened by clinical experience since her previous pregnancy, and moreover as the symptoms indicated it, I gave *Pulsatilla*<sup>10m</sup>, *Fincke*, one dose, and sat down to note the result. In about ten minutes she said, "that is the same medicine I took before." "How do you know?" I asked. "Because I can feel the same kind of motion as I did then, but not so severe," she replied; and she turned on her right side and went to sleep. In the morning I found a vertex presentation, no pain, and on the 29th of October she was delivered of a fine boy (from the pulsations I had diagnosed a girl). In this case during labor the pulsations of the foetal heart were 160.

The action of *Pulsatilla* in malpresentation has been doubted by many physicians, in spite of the repeated clinical experience of so careful and truthful an observer as Dr. Mercy B. Jackson of Boston. Very probably the position of the child is caused by some abnormal condition of the system, to which *Pulsatilla* is homœopathic, and therefore its administration corrects the displacement by some action of the muscles; the precise mode of action being to me unknown. That such spontaneous change in position "has probably happened with every foetus from the time of Cain until now," is about as strong an argument against the use of *Pulsatilla* as it would be to refuse medicine to the sick because people have got well without from the time of Adam until now.

As I always make an auscultatory examination during the eighth or



ninth month I have found many cases of displacement that have invariably been rectified by *Pulsatilla*.

How low a potency will effect the change I do not know. Dr. Jackson uses the 30th. I have used the 200th, 1000th and 10,000th. I find that the higher the potency, the less uncomfortable the perturbation occasioned by the turning.

CASE 7. Mrs. I., examined October 12th. Foetal pulse, 144; delivered November 24th of a girl. Pulsation at labor, 164.

CASE 8. Mrs. Mc., examined October 23d. Pulsations, 144; November 19th, pulsations the same; diagnosed a girl; pulsations at labor, 160. December 9th, delivered of a boy.

CASE 9. Mrs. G., examined December 18th. Pulsations of foetal heart, 144; delivered January 21st of a boy.

These cases show that the *invariable rule* has not yet been discovered. The examinations were made with care, three different counts being made, at quarter, half, and whole minute. Most of the patients were very much interested in knowing the sex. As I found no pulsation lower than 144, I had in no case diagnosed a boy according to the rule.

I would here mention that a lady who has had nine children, invariably tells the sex by her cravings. If a boy she craves oysters and fish; if a girl, bon-bons and cake.

The increase of the pulsations to 160 during the labor, in every case, is interesting, because Sir James Y. Simpson considers such a pulsation as indicating danger to the child.

But it seems to me to be but the natural sequence to the contractions of the uterus on the child, and as we generally find more violent respirations when there is a rapid pulse, may it not be a process of nature to produce a more violent action of the lungs as soon as the child is born.

I regret that I omitted to ascertain the number of pulsations in the child after birth. It may be a question of more importance to ascertain how long previous to labor the pulsations of the foetal heart increase; perhaps by this means we may be able to diagnose false pains, which are apt to appear a week or ten days before labor. It is to be hoped that physicians will make careful observations, in order to decide if there is anything unnatural in the position of the child, or any concomitant symptoms in the mother; and then give *Pulsatilla*, high, and note the result.

Some time since I was called to a woman who feared she was going to be prematurely confined. The parts were tumefied, with a profuse glairy mucous discharge, os soft and dilated, vertex presentation, and occasional irregular bearing-down pains. She complained of *headache, nausea, constipation, pain in small of back, frequent scanty urination*. Foetal pulse, 158. Gave for the italicized symptoms, *Defloratum*<sup>1m.</sup>, in water, a spoonful to be taken every three hours till relieved; returned in an hour and found her asleep; the next day found her up, relieved in every respect, and the pulsations of the foetal heart, 148. She feels confident of going to term (the last of April), and one week after she finished the family washing without inconvenience.

## DISCUSSION.

DR. B. W. JAMES said he did not know that there was any means of predicting the sex in utero, and was inclined to think there was none. He had observed in his own experience, however, that when pregnancy lasts beyond two hundred and eighty days, counting from cessation of last menses, the child is a boy.

THE PRESIDENT remembered that a good many years ago, a discussion had been carried on with great vehemence as to whether pleurisy occurred more frequently on the right or the left side; and after this had been going on for some time careful examination settled it that it occurred indifferently on either side, or on both.

DR. J. C. MORGAN said that Dr. Swan remarks on the rapid foetal pulsations just before delivery. It is a well-known fact that imperfect oxygenation of the blood increases the rapidity of the heart's action. Now, it is possible that, while the woman is at the acme of labor, and the breathing is of such a nature that a less than natural oxygenation of her blood takes place, this may affect the foetal circulation through the placenta, and thus cause increased rapidity of action of the foetal heart.

It was agreed by vote, that the first medical business in order at the next meeting, should be a discussion of the subject presented by Dr. Martin, and that the discussion should continue on Dr. Swan's paper; a vote of thanks being tendered Dr. S. for his contribution.

DR. A. R. THOMAS. In regard to the rule for predicting the sex in utero, referred to by Dr. Swan, it has been published in a number of journals; but I do not know of any experiments as to its accuracy having been made and recorded prior to those just presented. Dr. Swan's experience has certainly not been of a nature to confirm the statement, inasmuch as, by the pulsations, he was warranted in predicting all would be girls; whereas the sexes were about equally divided. In regard to Pulsatilla in malpresentations, I am very skeptical as to its action. I have observed in quite a number of cases very decided changes in the position of the child without any medicine having been given. In one case, which I particularly remember, where the head presented with the occiput to the right acetabulum, the labor being retarded, at another examination, made fifteen minutes afterward, I found the head had rotated and the position was with the occiput to the left acetabulum, and then labor progressed rapidly. I have often felt strong movements of the head while making examinations; the head would seem to swing around so as to completely change its position, and then labor would go on rapidly. I have had cases where I could feel no presenting part at all, even with the membranes quite relaxed, between the pains, and I feared a malposition; then the woman would tell me of a movement she felt to have been made by the foetus; and after that, upon examination, I could readily make out the presenting part. It is true that I have not tried the Pulsatilla in this way at all, but what I have witnessed as occurring without medicines has made me skeptical concerning its action.

DR. B. W. JAMES. There does not seem to be much of value in the first part of Dr. Swan's paper, except in so far as it proves that the sex cannot be predicted in utero by anything the stethoscope can reveal. In regard of the action of Pulsatilla, however, I am unable to see any homœopathicity in its application to such cases. The only symptom in such cases is the condition of malpresentation; and the pathogenesis of Pulsatilla gives no indication of such a condition. I do not like to cast any doubt upon the action of any medicine, nor am I in the habit of doubting the statements made by reputable practitioners; but I do know that persons are liable to be mistaken in their observations.

DR. A. KORNDORFER. Malposition or malpresentation of the fœtus does not indicate Pulsatilla, but irregularity of pains, irregularity of uterine contractions do. In the original text of the Pulsatilla provings that medicine has irregularity of uterine contractions. Now these irregular pains or contractions may act so as to be the cause of the fœtus not taking the best or the right direction, or not assuming the best or the right position, and Pulsatilla being indicated for them, might remove them and bring about a natural condition of uterine contractions, and thereby bring about a change from the wrong to the right presentation.

DR. W. M. WILLIAMSON. This Pulsatilla business is a case of "Homœopathy Misapplied," and it should wake up Dr. Dudley. The remarks Dr. Thomas has made on rotation of the head and spontaneous change of position of the fœtus, I can fully indorse, as I have noticed the same thing to occur many times. In regard to the number of pulsations of the fœtal heart indicating sex, none of the cases related by Dr. Swan had a pulsation sufficiently low to indicate a male; and yet he had a fair proportion of boys. Some time ago a man called on me and showed me a slip of a newspaper, which contained a statement similar to that referred to by Dr. Swan. His wife had had nine children, all of which were girls, and he was very anxious to have a boy. He induced me to go and make such an examination as he wished. I did so. The pulsations were 150, and yet his wife was delivered of another girl. Carpenter gives the pulsations of the fœtal heart at about 150.

DR. J. C. MORGAN. As Dr. Korndorfer has very justly remarked, we may find indications for the use of Pulsatilla in these cases in such irregular uterine contractions as would cause malposition. Dr. Swan has stated, in all his cases, that Pulsatilla was not given during labor, but before. Dr. Thomas's case of spontaneous rotation occurred during labor. These discrepancies make the cases not identical. But admitting that spontaneous changes may and do occur before labor without the use of Pulsatilla,—that of itself is no proof that Pulsatilla may not cause evolution. Does not pleurisy get well without Aconite and Bryonia? and yet that is no argument against the use of these medicines in cases of pleurisy. I once gave the 15th of Belladonna in a case of labor where I thought convulsions were threatening. The convulsions did not come on, although labor was difficult and I had to resort finally to forceps. Immediately after the removal of the after-birth I found the uterus had assumed almost

the shape of a cylinder, being greatly elongated and nearly circular. I attributed this to the action of Belladonna upon the circular fibres of the uterus. Now if Belladonna can thus affect these circular fibres to produce such a condition, why may not Pulsatilla act upon another set of fibres—say the oblique—and produce effects upon the fœtus? When an allopath I gave large doses of wine of ergot in a case of tedious labor. I had a retained placenta with hour-glass contraction. In this case I inferred that either the central circular fibres had been acted upon by the ergot to produce their contraction, or that, perhaps, the circular fibres were normal and the longitudinal fibres were affected by the ergot so as to produce the condition.

DR. E. A. FARRINGTON. While we all agree, of course, with Dr. Williamson in his statement that labor is a physiological and not a pathological process, yet we are now discussing abnormal labor. An irregular development of the uterus during pregnancy might be a cause of malposition. If there be any medicine, the tendency of the action of which would be to restore harmony in such a case, and bring about, either directly or indirectly, a regular development, surely such a remedy might bring about a change in the position of the child, from the former unnatural to a natural one. It seems to be pretty well settled that *Cimicifuga* will shorten the duration of labor and lessen its pangs, if given in advance of parturition. To do this it must act upon the muscular structure of the uterus. The pains of *Cimicifuga* are steady and continuous; those of Pulsatilla, Belladonna, and Caulophyllum are irregular.

DR. H. N. MARTIN. In 1866 I had a case of labor, in Buffalo, in which I thought I detected a shoulder presentation, although I might have been mistaken. I gave the woman a dose of Pulsatilla<sup>2c</sup>, and went after Dr. L. M. Kenyon. Upon returning with the Doctor, the woman told us that the medicine had produced a great commotion in her abdomen. Dr. Kenyon made an examination; found the vertex presenting; and the child was born fifteen minutes afterwards. Dr. Kenyon told me he had had a case of breech presentation. The woman asked him if "it was all right." He told her it was a breech presentation, and that it was a boy, as he could feel the genitals. He gave her Pulsatilla and went home. Upon his return, after a short time, the woman complained to him that a great commotion had occurred to her abdomen. He quickly made an examination, her pains being urgent, and received the head of the child into his hand, it being, as he had predicted, a boy. He, Dr. Martin, had been called to the wife of a physician of Philadelphia, the husband being of the opinion that the child lay across the abdomen, and that the trunk presented. He made an examination but could not make out the position, and advised to leave it alone, as there was no urgent symptoms. Dr. H. N. Guernsey was subsequently called to the case, and he, not being able to make out the position, gave similar advice, viz., to leave alone. A few days thereafter the child was born by cephalic presentation.

DR. J. C. MORGAN exhibited a uterine fibroid removed by the écraseur. The Society then adjourned.



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BAPTISIA TINCTORIA IN ITS RELATION  
TO TYPHOID FEVER.

BY C. C. SMITH, M.D.

(Read before the Central New York Homœopathic Medical Society.)

IN my opinion, based on practical experience, this drug deserves to occupy a high position in the midst of the older and well-tried remedies as a therapeutic agent in fevers of a low type. It fills up a gap, I think, which long needed filling; and which cannot be done so readily by any other remedy; hence its great value.

We administer Baptisia, with the greatest confidence that the fever will be aborted, when the symptoms of typhoid fever first present themselves and we find the patient in the following condition: He has already taken to his bed; his face is *flushed* and wears a *besotted* appearance; the eyes are *injected*, and the pulse perhaps as high as 110; prostration is considerable; patient is *listless*, and while we talk with him, he *falls sound asleep* in the midst of *his attempted answers* (Arn., forgets the word while speaking; Hyos., after a correct answer, relapses into delirium and unconsciousness.—M.); sleeping heavily until he is aroused again by shaking or calling sharply his name. He then awakes only to fall asleep again in the midst of a sentence, which he in vain tries to finish. Baptisia, administered at this juncture, and repeated

every hour, will soon be followed by profuse sweat and decided and permanent relief of all the symptoms. The symptom "falling asleep in the midst of a sentence," is an early observation of mine, made several years ago, and to me has been ever since a guide in the administration of this remedy.

From further observation, I believe that Baptisia will prove to be our main remedy in those cases of typhoid fever which originate from being confined for a long period on shipboard (typhus?) where the voyagers have been badly fed and cared for generally. Such passengers after coming ashore are frequently attacked with a low type of fever, which is apt to take the Baptisia form.

The Baptisia patient has a yellow or *yellowish-brown* coating along the centre of the tongue, and he complains of a *bitter* or *flat taste* in the mouth, sometimes *putrid*. The tongue is also covered with reddish papillæ; it is *swollen* and *thick*, so that the patient talks with difficulty. There is another symptom worthy of note as being exactly similar to *Arnica*, viz.: "the patient changes his position frequently, because the bed becomes *too hard*; he feels as if he was *lying on a board*. This feeling is especially complained of as being in the region of the *sacrum*."

Patient also complains of the *face* and sometimes of the *whole head* feeling *numb*.

The muscles of the abdomen are quite *sore* on pressure, sometimes *acute pain* is felt, which *intermits*.

There is a very marked characteristic symptom belonging to this drug, with which the members of this Society are no doubt all familiar, viz.: "the patient tosses about the bed in order to get her *body together*, thinking she is in *pieces*." I mention this just here to call attention to a somewhat analogous symptom occurring under Opium. The patient feels as if her lower limbs were *severed* from her body, and they belonged to some one else. This latter symptom has been observed by myself in opium-poisoning, and it has never appeared in print.

*Clinical case:* A young Englishman, coming for the first time to this country, had a long and tedious voyage in a crowded vessel. The usual supply of water gave out, I believe, and the food was poor. In addition to the tedious voyage, the vessel was detained for some days at quarantine. Coming ashore, our friend repaired to his brother's house by rail, some few miles in the country. In a few days I was summoned to him, and found him with these symptoms, premonitory of *typhoid fever*: mild *delirium*; falling asleep in the midst of a sentence while answering any questions; with *snoring respiration*; face flushed and of a dusky hue; tongue thick; high fever, with pulse at 110. Baptisia was at once administered, with the effect of producing in a few hours, a profuse perspiration, and completely aborting the advancing fever. In a few days the patient was outdoors taking long walks, as well as he ever was.

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## BAPTISIA TINCTORIA.

BY J. T. GREENLEAF, M.D.

(Read before the Central New York Homœopathic Medical Society.)

FOREMOST among the few remedies noticed in Prof. Hales's book, which have earned and continued to hold the confidence of practical physicians, is the subject of this paper. The botanical description in the "New Remedies," is sufficiently clear to enable the amateur botanist to distinguish it readily, but I wish to add that its yellow inflorescence is the characteristic which distinguishes it from the other Baptisias. Botanically, it is a near relative of the *Robinia pseudacacia*.

The earlier investigators of its remedial value agree that it is curative of sluggish ulcerations, particularly of the buccal cavity and fauces. With his usual liberality and disregard of accuracy, Grover Coe applies to it all those handy adjectives which he or any other indi-

vidual would have much difficulty in defining. Our "regular" brethren pass it by in sublime indifference. It remained then for the homœopathists to apply to it the crucial test, viz., proof upon the healthy human organism. The results thereof are already known, and it would be but a loss of time for me to reproduce them here. Allow me then to try to define the niche in which it rests in my daily practice and medical storehouse.

In cases of incipient continued fever, the initial symptoms are fever, pains in various parts of the body, restlessness, anorexia, general malaise, &c. Gelsemium is my dependence in this stage. If in twenty-four hours there is only a partial response to this remedy, I give Baptisia. So if the symptoms are all aggravated, instead of ameliorated, I give Baptisia. If the Baptisia be given oftener than every two hours, or longer than twenty-four hours, I have found a very decided depression to result. If it act well I invariably give Sac. lac. for twelve hours succeeding its suspension. Probably I ought to state that I give the  $\theta$ , four drops in two-thirds of a glass of water, two teaspoonfuls every two hours. The above applies to its place simply in "breaking up" a fever as claimed for it.

In any case where the main disease, whether it be continued fever, pneumonia, dysentery, or scarlatina, seems to be sinking out of sight in the sea of typhoid symptoms, one naturally thinks of Ars., Arn., Carbo veg., Muriatic acid, Rhus tox., and Sulph.

In this list is Baptisia to be remembered, and when no other remedy is decidedly indicated, I do not hesitate to use Baptisia. Excellent results have followed its use at such a juncture many times in my hands. As nearly as I can define, its sphere is that of an agent which very successfully assists the *recuperative power of nature to establish itself on a firm basis*, but not to *continue a tonic effect*. It should never be given in the sthenic stage of any malady, but always in the depressed, asthenic stage.



A peculiar form of dysentery visited us in the autumn of 1869, which yielded in nearly every case to Baptisia. The attacks came on with rigors, pains in the limbs and small of the back; the stools after a few hours were small and consisted of blood alone, not very dark but quite thick; great tenesmus; no colic, but a very decided prostration, and one much more profound than the loss of blood or the pain would justify. The last symptom led me to give Baptisia. The disease attacked chiefly adults, and in a few cases *old people*. My "regular" *confrères* lost a few of their cases at that time and were a week or ten days in curing what they saved. Forty-eight hours was the longest time I required.

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REVIEW OF A REPORT ON TYPHOID FEVER  
MADE TO THE AMERICAN INSTITUTE  
OF HOMŒOPATHY IN 1872.

BY H. V. MILLER, M.D.

(Read before the Central New York Homœopathic Medical Society.)

THE last volume of the *Transactions* of the Institute contains a paper on Typhoid Fever, with clinical cases. The writer does not seem to be affected with "characteristic whims," but he develops a remarkable genius for *generalization*. His symptomatic indications for remedies, however, are not always very clear. Although he carries a double-barrelled gun, he often makes many trials before he brings down any game. Sometimes he rapidly shifts his remedies as if he had no confidence in his prescriptions, then again he persists in the same treatment, notwithstanding the progress of the disease develops new and ominous symptoms. Whether or not all the cases reported as typhoid fever were really such, some appear to have been of a very mild type, and others to have run their prescribed course scarcely influenced by treatment. Any one may sometimes alternate, especially when he does not

take the necessary time to individualize remedies, but some would not think of reporting such cases as specimens of skilful treatment. When a doctor prescribes with a degree of precision, it may not be worth while to quarrel with him about dose, but if he cannot sometimes make such prescriptions, he is hardly qualified to instruct the profession in therapeutics. Indifferent prescribers often make a great merit of their superior knowledge of physiology and pathology. Perhaps this claim is designed to serve as an offset to their manifestly defective knowledge of clinical medicine. Something may be learned from reviewing the following clinical case, reported as a fair specimen of the Doctor's practice.

The Doctor states that "this case shows the shifting character of typhoid fever." It would seem more prominently to show the shifting character of the treatment.

"June 3d, 1872. Symptoms: Moderate chill, followed by some fever; dull pain in forehead, back, and limbs; considerable *restlessness* and some weariness; white-coated tongue and some *nausea*. R. Rhus<sup>2</sup> and Tart. emet.<sup>4</sup>, in solution; dose every two hours alternately."

Rhus was designed to hit the *restlessness*, and Tart. emet. the *nausea*. The restlessness peculiar to Rhus is generally *aggravated towards morning*; and the *nausea* of Tart. emet. is *constant and anxious*. It is not stated whether either of these conditions existed; but probably not, for we find the patient next day,

"June 4th. No better; rather *more fever*. R. Puls. and Ars. in solution; dose every two hours alternately."

Now we have *restlessness*, *nausea*, and *more fever* for which to prescribe. The restlessness of Ars. is as follows: Cannot rest in any place; changing his position continually; wants to go from one bed to another, and lies now here and now there; frequent and *excessive nausea*, sometimes rising even to the throat, with inclination to vomit, necessity for *lying down*, sleep, swooning, trembling, shuddering, &c. All symptoms worse about midnight. Puls.

has *nausea* felt in the upper part of the abdomen, especially *in the evening*, after eating and drinking, with rumbling in the abdomen. External heat is intolerable; uncovering, however, is immediately followed by a chill (Sulph., she feels suffocated, wants doors and windows open); dry tongue, as if burnt, and yet no thirst, &c.

Whether any of these conditions existed, we are not informed.

"June 5th. No improvement (it is probable that the above-mentioned conditions did not exist); some retching; some soreness of the stomach to pressure (Bry., Lach., Nux v., Puls., painful sensitiveness to the least pressure); pulse 100 per minute; some hacking cough. R̄. Puls. and Rhus., in solution; dose every two hours."

Both of these remedies had been given previously, each a whole day, without benefit.

"June 6th. About the same. Continue the same remedies.

"June 7th. About the same, except that *some diarrhœa came on in the early morning*. Continue the same remedies."

This is the fifth day; patient worse. A diarrhœa has set in, which may furnish important indications for treatment, but no attention is paid to this development. The same remedies are continued. Here the *disease* is shifting, while the *treatment* is stationary. Previously the disease appeared "about the same," while the treatment was shifting. The nature of the diarrhœa, so important to determine, especially in typhoid fever, is not described. For early A.M. diarrhœa we have Sulphur, Rumex, and Psorinum; Bry. and Pod. come a little later. But perhaps Puls. and Rhus will yet do the business.

"June 8th. The retching and nausea are more troublesome; diarrhœa is worse. R̄. Ipec. and Rhus alternately."

He continues Rhus, and for Puls. substitutes Ipec., neither of which is suitable for an early A.M. diarrhœa.

Ipec. gives *fermented* stools, or stools *green as grass*, but it is not known whether the nature of the diarrhœa corresponded to Ipec.

"June 9th. A severe urinary difficulty has set in, with frequent and urgent voiding of urine, attended with *some* smarting, burning pain in the urethra. Stomach *seemed* better."

After seven days there is, then, a little apparent improvement.

"R<sub>y</sub>. Cannab.<sup>1</sup> and Canth.<sup>3</sup> in solution; a dose every two hours, alternately."

There are various remedies that give these symptoms, but, unless we find more symptoms, we must resort to professional guessing.

"June 10th. Symptoms about the same. Continue same remedies.

"June 11th. Symptoms do not improve (rather obstinate). R<sub>y</sub>. Camphora<sup>1</sup>, in solution, every hour, till better of the urinary trouble; then Ipec. instead of the Camphora." [We have had Ipec. before.]

"June 12th. A few doses of the Camphora permanently cured the urinary trouble."

Since all the trouble began, now ten days, the Doctor has cured only one trouble, and that is the urinary trouble. He certainly deserves a credit-mark for that brilliant stroke. It was done, too, with a single remedy. And then the Ipecac-gun was fired off. He says:

"Since the urinary trouble ceased, the nausea, vomiting and diarrhœa (cholera morbus) have grown worse."

Never mind, there is nothing else to distract attention, and now these little matters can receive due consideration.

"R<sub>y</sub>. Puls. and Ipec. alternately."

These remedies have been used before, but perhaps they will yet do the business.

"June 13th. A little easier. Continue same remedies.

"June 14th. The diarrhœa worse, and attended with considerable pain in the bowels (colic); nausea no better."



The Doctor does not state what was done in this emergency, but he unquestionably continued the same remedies, for it is the disease, not the treatment, that is now shifting.

“June 15th. Symptoms growing worse, with the vomiting and diarrhœa (cholera morbus) in an aggravated degree; pulse 120; great restlessness and tired feeling, which has been present from the first, seems to increase; sleeps very little. *R.* Ars. and Verat. alb. in solution; a dose every hour alternately [the Doctor evidently means *business*], and if these fail in twelve hours, to take Ipec. instead.”

Ars. and Ipec. have been pretty thoroughly tested in this case. Ipec. once seemed to settle the stomach a little. Verat. is suitable when there is *watery diarrhœa* and *vomiting, with cold sweat*; but it is not stated what kind of a diarrhœa we have to deal with. Yet it is evident that something must be done.

“June 16th. No improvement [probably this was not a watery diarrhœa, &c., suitable for Verat.; and Ars. and Ipec. have again failed to do any good].

“Considerable careful examination of the *Materia Medica* led to the selection of Tart. emet., and afterward of Phos. and Bell., which were given; still no sleep.”

Tart. emet. was prescribed the first day without effect; now it does no good. Phos. gives frequent, *painless* diarrhœa, with meteorism, loud rumbling, &c.; suitable in pneumo-typhus. Bell. has small, frequent evacuations, with tenesmus; burning heat and redness of the face; throbbing of the temporal arteries, &c. The specific indications for each remedy are not given. Probably Bell. was designed to *quiet* the patient, as restlessness frequently occupies the Doctor's attention, but it failed to produce the desired effect.

“June 17th. No better. Ant. cr. and Merc. cor. were given, but without effect [they were probably given with-

out *characteristic* indications], and afterward the Citrate of Magnesia, in spoonful doses, was given without effect."

The last should have produced at least some pathogenetic effect, but it failed to do even that. Either the Doctor's method of prescribing is defective or his medicines are good for nothing. He might do well to throw all his old stock away, and buy some new drugs, for his present supply seems, for some reason, to be very inert. He says:

"June 18th. Symptoms continuing the same, *only gradually worse* [then the symptoms are shifting], *when* Bismuth 1st dec. was given, as Jahr's Manual, by Hempel, has these symptoms: 'vomiting and diarrhœa, *with pain in the throat*,' which was a correct outline, as the vomiting had so much of the spasmodic retching as to produce pain in the throat."

Doubtless a very important symptom; but he does not yet determine the nature of the diarrhœa or vomiting.

"A dose every hour till better, then every two hours. The sleeplessness *continues*, but *was supposed* to be caused by the gastroenteric irritation."

The Doctor has no right to *suppose* anything about it. We want the *facts*. Besides, the Doctor's *grammar* is not very good.

"June 19th. The Bismuth relieved the vomiting and pain in the stomach in a few hours, but the diarrhœa continues about the same; the same sleepless state continues. R. Continue the Bismuth every two hours."

Bismuth gives urging to stool in the evening without any evacuations.

"June 20th, 8 A.M. *Diarrhœa* and *vomiting well*, but is *very nervous* and restless. Since the diarrhœa and vomiting ceased [were they cured?], a wild delirium has developed; constant shaking of all the limbs, almost as in chorea, with constant desire to get up and run away; sees imaginary faces in the room, and puppies and kittens; she has a continual chewing motion of the mouth; pulse 110, but weak; tongue red and dry, and sordes on the

teeth and lips. R<sub>y</sub>. Bell. and Cham. in solution ; a dose every hour."

A metastasis to the brain has occurred, and Bismuth seems to have produced the mischief. A chewing motion of the mouth suggests Bell., Bry., Cale. c., and Hell. Bell. and Bry. have visions when closing the eyes ; but Bell. has violent delirium, with attempts to run away, &c. Hence Bell. seems indicated for the metastasis. Cham. is doubtless a charge from the Doctor's second barrel aimed at the restlessness.

"June 20th, 1 P.M. The sleepless state had lasted so long, and there was such intense excitement [aggravation ?] of the *anterior spinal nerves* [these ought to be attended to], and of the sympathetic and motory nerves, that it seemed necessary to *quiet the system* [or the two systems], and the hydrate of chloral was given, till some sixty grains were taken, which produced about three hours' sleep ; then she awoke with all the symptoms of nervous disturbance as bad as ever."

It seems strange that the Doctor did not use morphine in alternation with the chloral, *to suit the anterior spinal nerves, and the great sympathetic nervous system.*

"June 21st. Found her the same as before the sleep. At 8 A.M. she had Sulphur and Actea in alternation, a dose every hour.

"June 23d. No better, but the disease showed so much disturbance of the same nerve-centres that are involved in chorea and mania-a-potu, and *as Stram. has been with me the principal remedy in both these diseases, the same prescription* was continued."

The Doctor intends to say that he prescribed Stram. for this *disease* the same as he would for the others. He used to cure all cases of some diseases with one and the same remedy. That must have been before he got his double-barrelled gun.

"June 24th. Same prescription. Evening, Bry.<sup>15</sup> and Stram.<sup>6</sup>.

"June 25th. No improvement; the nervous excitement and muscular action of the limbs the same. [It seems strange that some good quieting medicine cannot be found. This continual nervous excitement seems to worry the Doctor.]

"8 A.M. Bry.<sup>15</sup> and Calc. c.<sup>5</sup>, in solution; dose every hour [size of dose not mentioned]; and at 9 P.M., Stram.<sup>4</sup> and Sulph.<sup>4</sup>, alternately; a dose every hour.

"June 26th, 5 A.M. [The Doctor is out early.] Another wakeful and restless night; no better in any way [the Doctor's courage is good]. R. Scutellaria, 2d dec., powder every hour. There has been some quieting effect from the medicine, but not good sleep. To have a decoction of Scutellaria herb, one ounce to a pint of water, and take three tablespoonfuls every hour till she sleeps."

Other remedies afterwards employed: Cauloph., Puls., Hyos., Ignat., Ars., Scutell.; Puls., Ars., Scutell.; Caust., Bell.; Bell. and Rhus; Acon., Bell., and Merc.; Rhus and Op.; Bell. and Rhus; Merc., Bell., and Rhus; Bell., Rhus, and Merc.; Nux, Bell., and Rhus; Bell. and Verat.; Stram., Phos. ac., and Sulph.; Op. and Zinc; Hell. and Zinc; and about forty-nine other remedies. Case convalescent in about six weeks. After such a lively shifting of remedies, it is difficult to determine how much good, if any, was obtained from any one remedy.

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## THE PNEUMATIC ASPIRATOR.

BY L. H. WILLARD, M.D.

THIS instrument, of which several notices have appeared lately in medical journals, promises to be not only of great service in diagnosis, but also a valuable means of relief in all affections consequent upon an effusion of fluid or the formation of pus in deepseated abscess, in stricture of the bladder, in hernia, and in joint diseases.



Dieulafoy has given, in his description of the instrument, directions for its use, which I here append.

He says: "In order to produce a vacuum within the pump, it is necessary first to close the two taps, and then to screw up the piston. The vacuum is thus obtained as a preliminary measure, and the operator is in possession of a powerful aspirator, ready to be used when the proper time arrives." Let it be supposed that we wish to examine an effusion into the cavity of the pleura. The tubular needle No. 1 or No. 2 must first be introduced into an intercostal space, and when it has penetrated the tissues for about a third of an inch, it must be connected with the pump, in which the vacuum has been established, either directly or through the medium of a caoutchouc tube. This done, and to this point I desire to call special attention, the tap must be opened between the needle and the vacuum, and the needle pushed gently forward. We may thus slowly traverse the tissues, so to speak, with the vacuum in hand, until we discover the effusion. The eye of the operator should be directed to the short glass tube between the needle and the pump, and, at the moment when the needle enters the liquid, the latter rushes forcibly into the instrument. The diagnosis is at once complete; the manoeuvre is absolutely harmless, and the desired object is attained.

In order to prevent the introduction of septic substances, I always dip the needles in carbolized oil after using them.

The only objection which I have found in the construction of the instrument, as it is obtained in New York, is that the discharge-tube is too small, and requires more force than is necessary to empty the syringe; and the syringe itself will not hold enough, so that to remove the fluid from the pleura or abdomen consumes too much time. The one I use is made to hold six ounces, and the discharge tube is one-eighth of an inch in diameter. By using this, only a few minutes' time is consumed in evacu-

ating the contents of the pleura in paracentesis, and prevents that faintness and exhaustion consequent upon a prolonged operation.

The cases that I have operated on for effusion into the cavity of the pleura have resulted very favorably, and with confidence I can bear testimony to the efficacy of this instrument, which, by its admirable construction, prevents the ingress of air, and causes neither pain nor soreness, and its use is not followed by depression.

The case given below will illustrate its use: Mr. O., æt. 25; has phthisis pulmonalis; came under my care last November; was then expectorating very profusely. In about a month the expectoration ceased, and was followed by all the symptoms of congestion of the lungs; this was relieved by Aconite and Bryonia; after which fluid was formed in the pleural sac in such quantity as to push the heart to the right side of the sternum. The great difficulty of breathing induced us to perform paracentesis; it was done with this instrument; the needle was introduced at the first operation between the fifth and sixth ribs, and about half a gallon of fluid removed; this gave instant relief and his symptoms all improved. In a few days we operated again to remove the fluid from the upper part of the pleural sac, for it seemed to have become encysted, introducing the instrument between the fourth and fifth ribs; the quantity of fluid removed at this operation was about one gallon; the patient suffered no pain nor exhaustion, and has steadily gained since; has been able to walk out and is doing well, considering the condition of the lungs.

We have operated for hydrocele and find its use superior to the canula, being able to inject any fluid, and evacuate the sac with no admixture of air.

The fine point of the needle, as described by some who have used it, injures in no way the intestine when operating for strangulated hernia, and allows us to draw off all gases and fluids, thus decreasing the bulk, and, if no ad-

hesions have formed, rendering the reduction comparatively easy. A correspondent of the *British Medical Journal* says that out of twenty-four cases of strangulated hernia, in which taxis, assisted by chloroform, had been tried unsuccessfully, sixteen were reduced with the aid of the aspirator.

In hydrocephalus, it has not been my pleasure to use this instrument, but I am confident that the fluid can be removed without injury to the patient. But can we remove the disease which produces the fluid in conjunction? It is probable we may, with this instrument as our aid, and medicine to correct the morbid influence of the affection. All the cases tried were unsuccessful, but still this does not make the abolishing of it conclusive.

In diagnosis, its use is supreme. By using a long needle, we explore deepseated cavities with little or no danger; the powerful vacuum created enables us to draw from these cavities thick, creamy pus, thus enabling us to be positive in our opinion of the case, and relieve the mind of doubt.

The use of it can be better appreciated by trial, and I would heartily recommend it to all, with thanks to Dr. Dieulafoy for his useful instrument.

## ACTION OF CARBONIC OXIDE GAS.

A TOXICOLOGICAL OBSERVATION.

BY L. SULZER, M.D., OF BERLIN.

TRANSLATED BY S. LJLIENTHAL, M.D.

My servant girl closed tightly my stove filled with burning coke, whereby my small office became slowly filled with carbonic oxide gas. Even four hours afterwards some burning coals were still found in the stove. At six in the evening she closed the damper, and since then I continually remained in my office. At seven I ate a light supper, and drank a cup of tea. Soon afterwards I felt buoyant, and in good humor, an effect never produced by

tea; this mental sensation soon passed over into an irritable and sarcastic one, so that I sharply criticized an article in a medical journal, which a few hours ago I hardly thought worth that trouble, and threw away in disgust a book of reference, as flat and superficial, which I highly value at other times.

A severe pressing frontal headache now set in, as if the brain were compressed, and simultaneously severe palpitation of the heart, with which I am never troubled. Inclination to stretch the extremities, disinclination to labor, with idiotic staring at one point, soon followed by great anguish, and a steady increase of the headache. An enormous restlessness, with anguish and oppression, forced me to get up and to walk in another room, where the window was open. The pure air refreshed me.

Returned to my study all the symptoms returned, and the headache and anguish became unbearable; when rising up I staggered, obliging me to hold fast to something, and I sank exhausted into a chair. I was hardly able to open the window. General debility and malaise, dull heaviness of the head, vertigo, with pressing pain at the forehead and ossa parietalia; in short, all my symptoms proved to me the beginning of a severe disease. Dull and ever-changing images passed before my mind, but I felt unable to concentrate my mind on any one; it took all my energy for a long while to feel my pulse, which appeared normal; respiration was frequent and superficial, but I felt too exhausted to light my lamp in order to count them. I remembered now the stove, but it took me a long time to examine it. Rising and walking seemed to me a most tremendous exertion. I found still glowing coals (four hours after closing the damper), but the gas near the stove was so stupefying that I nearly fell down, and only with the greatest effort I opened the window. Nausea and copious vomiting now set in, with gradual relief from the fresh air. I took Opium<sup>2</sup> twice, five drops. I soon fell asleep in my office-chair, slept for two hours, and although usually very sensitive to cold, I felt nothing of it in spite of the want of all covering. At twelve (midnight) I went to bed, feeling only very weak with some dizziness, but the pressing frontal headache was still the same. I soon fell asleep and slept for twelve hours without waking up, and the next day felt entirely well except some traces of headache. In two cases of poisoning with



carbonic oxide gas the symptoms were the same. I used sponging with vinegar, and Tinct. Opii, one drop in water internally, but it failed in producing sleep. I was called, in December, 1872, to a family, where several children were down with typhus. Threatening symptoms suddenly set in with two boys, aged respectively six and three years. The older one laid in bed in perfect apathy, with irritable quick pulse, red face, and somewhat increased temperature, and complained of headache; the younger one screamed continually, the face was deep red, but nothing else could be made out. We thought of poisoning, but the other children, partaking of the same food, were all well. In the evening I found matters still worse, the typhoid girl had vomited several times, and laid down complaining of being sick again; the mother, confined only a few weeks ago, had chills during the afternoon, and felt totally prostrated, and even spoke deliriously several times during the afternoon, as the disconsolate father reported; she now complained of severe headache, pressure in forehead and vertex. The grandmother also complained of the same headache and stupefaction. We now examined the stove, whose damper was closed since morning, and found some still-glowing coals. It was remarkable that the baby showed no effect from the gas; it nursed and slept well, and showed neither somnolency nor irritation; whereas the oldest boy felt its full effect. Fresh air and Opium restored the whole family. The difference of the effect of the gas is also remarkable, as the girl still felt well when the boys were already fully under the effect of the poison.—*A. H. Z.*, 12, 1873.

## SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

*Internal Hemorrhoids.*—W. Murphy, aged 55, came to me October 12th, 1872, complaining of constant tenesmus, with habitual profuse hemorrhage after stool. For years past he has been troubled with more or less relaxation of the bowels and occasionally prolapsus ani. With great suffering the bowel was usually replaced by gentle pressure after local use of warm water. To liquefy the stool and prevent descent of the gut, he had been in the habit

of resorting to tepid injections and avoided straining. Examination revealed large internal piles, composed of erectile venous tissue, analogous to nævus, involving the mucous and deeper structure, pedunculated in form. The three largest were drawn upon separately by the vulsellum forceps, transfixed at the base by cross needles, the mucous membrane circularly incised and ligated with strong saddlers' silk; the needles were then withdrawn, having served to prevent the silk from slipping. The little tumors, greatly distended, were pushed back, and hot flaxseed poultices applied, the strangulated parts coming away in six days. Two remaining piles were tied, October 22d, in a like manner, coming away in the same time with no hemorrhage. During the surgical treatment the patient took *Podophyllum* 2<sup>o</sup> in water five or six times a day. The operation by contracting the bowel cured mechanically the prolapsus, and the man at present writing, six months after the operation, considers himself cured, and with no return of his complaint; prolapsus or piles.

*Epithelioma.*—Rosa Ostheim, aged 37, presented herself, September 13th, 1872, with this variety of malignant disease, involving the left lower eyelid and part of the face; the trouble began six months ago as a warty, fissured, indurated excrescence, of ovoid shape; the growth was composed of condensed epithelial scales, surmounted by a rounded rim, ulcerated at the centre, and having the characteristic birds'-nest appearance. There was little pain or discharge, and the neighboring glands unaffected. Part of the cheek and eyelid were excised, the cautery applied, and the wound healed kindly. At present, after eight months, there is no evidence of a return of the disease.

*Anchylosis of Right Ankle joint.*—Miss Blakiston, aged 27, fell and sprained her ankle in June, 1872. The resulting pain and inflammation were so great that, until my visit three months after, she was confined to the house, unable

to flex or extend the foot, or even to bear weight upon it; fibrous adhesions had taken place within the joint, and motion was annihilated. Following the plan, as explained by Hood, of the successful so-called "bone-setters," at my first visit, September 24th, 1872, the adhesions were broken up by forced movements, keeping my thumb pressed on the "painful spot," which was in front and to the inside of the joint. To her own and friends great astonishment she there and then walked freely about the room without a crutch or support, and continued daily to do so. Passive movement was kept up every few days, and heat applied. The lady completely recovered the full use of her limb.

*Scirrhus of the Right Breast.*—September 11th, 1872, I removed for Dr. Hunt, of Camden, the breast of Mrs. Elizabeth Gordon, aged 45, for what was originally fibroid cancer. It had first appeared some six months previously, with characteristic, irregular, rigid, cartilaginous enlargement, retracted nipple, and lancinating, sharp, uncertain pains; ulceration eventually took place, and about the excavation large medullary or fungous growths were formed with neighboring glandular enlargement. When called to operate the patient had been unconscious for a day or so from the atrocious pains, and was thought to be dying. Consent to surgical interference had not hitherto been given: the operation was performed, however, the breast with the greater part of both pectoral muscles removed, the lymphatics being followed up from the wound into the axilla and enucleated. Section of the deeper tissues showed them to be pearly white, with radiating stroma, containing cancer elements, displacing normal structure. The woman received Arsenic 2 frequently in water, and had complete respite for many months. The disease has, however, returned in full force, and the case will soon terminate fatally. Considering the patient's unconscious state last September, the operation has certainly effected much in prolonging life. I find Arsenic and Creosote to be the medicines which give most relief.

*Traumatic Cataract.*—James Thompson, aged 14, living at Smith's Lane, Haddington, was sent to me, March 1st, 1873, by Dr. Barden, of West Philadelphia, for cataract of right eye, caused by a blow received in a stone fight two years since. The lens was fully opaque, the patient

being unable to count fingers held six inches from the eye, but clearly distinguishing light and shade when objects are passed before him. Fully dilating the pupil, I incised the capsule with a knife-needle, and by operations performed once a week forced and coaxed portions of the lens into the anterior chamber. When absorption took place in five weeks without suppurative or injurious iritis, the vitreous and aqueous were freely commingled, the iris kept well dilated during the treatment, and Bell. 2<sup>c</sup> given. The boy with a seven-inch convex glass can read Snellen No. 1½ ten inches off. Measured with larger type his vision equals two-thirds,  $\frac{2}{3}$ .

CELEBRATION OF HAHNEMANN'S BIRTHDAY  
BY THE  
SAN FRANCISCO HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY W. N. GRISWOLD, M.D., SECRETARY.

IN pursuance of a resolution adopted at the March meeting of the Society, and in acceptance of an invitation extended by Dr. E. J. Frazer, the members of the Society and their invited guests assembled at the residence of Dr. Frazer on the evening of April 10th, for the purpose of celebrating the one hundred and eighteenth anniversary of the birthday of SAMUEL HAHNEMANN. The company came together at a late hour, after the delightful concert given by the opera troupe and other musical celebrities in aid of the *Free Homœopathic Dispensary*.

The tables were elegantly set, and filled with the luxuries of the season and the clime. After the company had been plentifully regaled from the abundance of good things set before them, the President of the Society, Dr. A. A. Thiese, addressed the assemblage in eloquent language, in which he referred to the birth of Hahnemann, his struggles with the world, his discovery of the law of cure, and his final triumph, concluding as follows: A pebble in the little brook has turned the course of many a river. An accidental and apparently trivial discovery made during the translation of an old medical work was the germ from which has developed a system of scientific medical practice, which has within the short space of eighty-three years spread throughout the civilized world, giving health and happiness to millions of the human family. As we who are here to-night are all recipients of its beneficence, I here propose the following sentiment: *To the memory of the illustrious Hahnemann. May his star, which has risen in glory, shine on with increasing effulgence forever.* I call upon Dr. F. Hiller to respond.

DR. HILLER arose and said: MR. PRESIDENT, LADIES AND GENTLEMEN—The 10th of April, the anniversary of the birthday of Dr. Samuel Hahnemann, the greatest physician, philanthropist, and benefactor of his own or any other age, will be, in all time to come, a day of rejoicing,



celebrated by all nationalities. The revolution inaugurated by him has shaken the foundation of the ancient medical dynasty, and caused to totter the ancient temple of medicine. The new edifice, the foundation of which he laid, already stands in the sun, bright and beautiful to look upon. Towards its completion his disciples are sending year by year well-quarried and well-dressed stones from all parts of the world. Mr. President, let us drink this toast while standing. Dr. Hiller's suggestion was carried out unanimously.

DR. THIESE then said: The following sentiment has been sent to us for this occasion by the venerable Dr. C. J. Hempel. I will read it, and call on Dr. J. S. Silver to respond. It is as follows: *To California, the Golden State. May she yield an abundance of golden fruit to the science of homœopathy, and a golden harvest to the workers in her vineyard.*

DR. SILVER replied as follows: The history of homœopathy, its rise and progress in the United States, will bear enduring testimony to the unselfish labors of two distinguished master-spirits—Hering and Hempel. The literature of homœopathy owes to Dr. Hempel's unrequited labor of love, many of its standard works, both original and translated. I regret to announce that overwork in the cause has so impaired his health that he has been compelled to withdraw from practice; yet his great mind is laboring for homœopathy, and he means to die in the harness. With the manual aid of his accomplished and devoted wife, the good Doctor is now preparing for the press a work on the Science of Homœopathy, which will add to his fame and to the progress of our school of medicine. The venerable man will be touched with mingled pride and gratitude by our kindly recognition of the services he has rendered to homœopathy. Let us arise as we drink to the pleasant sentiment he has thoughtfully sent us.

The President then presented the next regular toast, and called on Dr. W. N. Griswold to respond: *Our Societies. May they constitute the advance guard of Medical Science on the Pacific coast.*

DR. GRISWOLD addressed the audience as follows: I heartily concur in the wish or sentiment expressed in the toast just given, and see no reason why the California State and San Francisco County Medical Societies of homœopathic practitioners should not assume that position, especially in that department of medical science in which the patrons of the profession are mostly interested, viz., the application of remedial agents to the relief of suffering and cure of disease.

Giving ample credit to all who have preceded us; to those whose lives and talents have been absorbed in the development of fundamental and auxiliary sciences; to that succession of industrious workers which carries us back in thought a series of centuries; to the thousand men of genius, whose names are emblazoned in undying letters in the temple of a just fame; withholding no honor, due to our most distinguished co-laborers of the present, who honestly hold to tenets different from our own. We claim, as believers in the eternal truth of *Similia Similibus Curantur*, to lead the world in practical medical science. And why not? We know

and adhere to a law, general and universal, which teaches to apply scientifically the various drugs and other agencies which come within our reach to the cure of disease; a law whose existence has been proved by countless experiments, beyond reasonable doubt; a law which is incorporated in, and arises from, the reciprocal relations existing between the animal kingdom and all reactionary agencies exterior to it.

Our old school confrères think *they* have light in the varied general principles which are their guide in administering to the sick. But these principles are so numerous they run across and counter to each other. They are like the waves of a choppy sea. The mariner who ventures his bark thereon soon learns the uncertainty of his navigation, and when the waves run high, deems it safer to abandon his ship.

Our law is like the great wave, whose course can be calculated, whose movements we can rely upon, and on whose broad bosom we may launch our bark with a certainty that it will carry us in a fixed and definite course. Their principles are the confused cross-lights in a dark cavern, dim and uncertain. Our law is the steady effulgence of the morning sun. It is a lamp to our feet, a guide to our path. Who is the better leader through the thick night of ignorance? Certainly he who carries the clearer light, and with charity to those who do not see as we do, we must firmly, though unostentatiously, claim the position as "advance guard" in the march of practical medical science.

Our societies should give admittance to the products of our private labors. There they should be collected and *thrashed* through the *machine of discussion*, the wheat gathered into the garner, the chaff given to the four winds.

Societies always centre around some common interest, some common love, but when the common *love* which has brought individuals together is displaced by individual love, union becomes a myth and an impossibility. By a reasonable self-abnegation, and a careful and tender regard for the interests of fellow-laborers in all our intercourse, we will develop that mutual love and esteem which shall give power to our combined endeavors, clearness and brilliancy to our intellectual efforts. In this way new truth will be constantly developed, and shining out will so illuminate our paths that none will dare or even wish to question our right to lead.

The next toast, to which Dr. E. J. Frazer was called to respond, was read by the President, as follows: *The San Francisco Medical and Surgical Dispensary. May it continue to prosper, and scatter its blessings among the sick poor of all nations, for all time to come.*

DR. FRAZER thereupon rose, and made the following response: The San Francisco Medical and Surgical Dispensary is the spontaneous outgrowth of public necessity. At the time of its establishment no homœopathic institution of the kind could be found on the Pacific coast, where the sick poor could at all times receive *free* medical and surgical aid, much less that sympathy and kind consideration which poor suffering humanity so much need and prize so highly.

Although it has struggled along through adversity, it has received moral support and substantial aid from some of our best citizens.

Great credit is due to the kind-hearted people who have given it their substantial support, as well as the physicians who have given their time and services free to the cause of humanity.

The Dispensary is doing a noble work. Its rooms are daily visited by large numbers of poor people, who by its aid are saved a large amount of suffering, are restored to health, and are made happy and useful members of society. May its usefulness be long continued to the people of California.

In January last application was made to our City Councils for money to aid in its support. As there were no funds in the city treasury which could be used for that purpose, the supervisors did the best they could under the circumstances, and voted to apply to the next Legislature for aid in its behalf to the amount of fifty dollars per month, from February 1st. That was the first public aid voted to any homeopathic institution on the Pacific coast.

DR. M. T. WILSON presented the following, which were favorably received and disposed of by an extra draft on the champagne: *Homœopathy, like the Star of Empire, westward takes her way, effectually spreading her healing wings o'er land and sea, overleaping all barriers of class, caste, or distinction. Her motto is: Veni, vidi, vici.*

Other sentiments, of a more or less personal and humorous nature, followed in quick succession, contributing to the pleasure and enjoyment of the occasion, and at a late hour the company dispersed, carrying with them a grateful recollection of a pleasant evening spent in commemorating the birthday of Hahnemann.

## EDITORIAL NOTES.

HOMŒOPATHY IN ALBANY, N. Y.—The Albany homeopaths, under the leadership of Dr. H. M. Paine, are "standing up for their rights," as the following preamble and resolution, offered by Dr. Paine at a meeting of the County Medical Society on May 21st and unanimously adopted, sufficiently attest:

*Whereas*, The appointment of district physicians in the several districts of this city have been made from representatives of the allopathic school; and

*Whereas*, Many who receive medical aid through this instrumentality desire to avail themselves of the services of a homeopathic physician; and

*Whereas*, The representatives of the homeopathic profession in this city desire to render a portion of the required service; therefore

*Resolved*, That we respectfully request his Honor the Mayor to present to the Common Council of this city the name of at least one homeopathic physician for the office of district physician.

THE BOSTON TRIAL.—This memorable event is drawing to a close. The curtain will soon descend upon the last act of the most successful serio-farcical drama recently presented to the gaze of the admiring mul-

titude. The "Board of Trial" rendered a decision on Saturday, and served a copy upon each member mentioned below, which closes as follows :

"The parties having been fully heard and evidence and arguments on each side fully considered, we do find and determine that said charges and specifications are all fully proved against each of the said accused persons, and they are severally guilty of the charges aforesaid—guilty of conduct unbecoming and unworthy an honorable physician by practicing homœopathy; and we therefore adjudge and determine that said William Bushnell, Milton Fuller, H. L. H. Hoffendahl, George Russell, I. T. Talbot, David Thayer, and Benjamin A. West be therefore expelled from their membership of the Massachusetts Medical Society, and report this, our determination, to the Massachusetts Medical Society at its annual meeting for such action thereupon as the Society may deem fit

"Jeremiah Spofford, Augustus Torrey, George Hayward, Frederick Winsom—a majority of the Board of Trial."

From the fact that this is announced as the verdict of a majority of the Board of Trial, we infer that there is a minority report of quite a different character. We hope, for the credit of the so-called regular school of medicine, that this is so. No doubt Dr. Talbot will give a full account of the perils of certain Massachusetts homœopaths at the meeting of the American Institute.

**HOMŒOPATHY IN MICHIGAN.**—The Senate of Michigan has passed an act providing for the appointment of two professors of homœopathy in the department of medicine in the University of Michigan, in the following terms: "The people of the State of Michigan enact, That the Board of Regents of the University of Michigan shall, on or before the fifteenth day of July, in the year one thousand eight hundred and seventy-three, appoint, install, and thereafter maintain, two professors of homœopathy in the department of medicine of the University, to wit: one professor of theory and practice, and one professor of materia medica, who shall receive the like salary and be entitled to all the rights and privileges of other professors in said department of medicine. All acts and parts of acts inconsistent with this act are hereby repealed."

This looks very much like a triumph for homœopathy, but it may be "a sop to Cerberus." Once before, we distinctly recollect, this same Legislature enacted nearly the same thing, whereupon the Michigan homœopaths fell to fighting, and carried it on with such persistent energy that on-lookers were tempted into hoping that the battle would terminate in Kilkenny-cat fashion—by the belligerents devouring each other. We trust that a different result will follow this effort to establish homœopathy as a department of medical science in a live University of a live State. A convention of homœopathic practitioners was called for the 7th of May, to decide as to who were the most fitting persons to occupy the two chairs. We have heard nothing from that convention. Dr. E. R. Ellis is out in a circular, expressing his conviction that the Detroit Homœopathic Medical College is the best medium for fulfilling



the behests of the people of Michigan and the wishes of the homœopathic practitioners. The chances of another battle are good, but we hope for a different result.

## PUBLICATIONS RECEIVED.

OPHIDIANS: Zoological Arrangement of the Different Genera, including Varieties known in North and South America, the East Indies, South Africa, and Australia; their *Poisons*, and all that is known of their nature; their *Galls*, as Antidotes to the Snake-venom. Pathological, toxicological, and microscopical facts, together with much interesting matter hitherto not published. By S. B. Higgins, S.A., Honorary Member of the Homœopathic Institute of the United States of Colombia. First American Edition. Boericke & Tafel, 1873. 12mo., pp. 232, Illustrated.

Such is the fully descriptive title of a small work that is destined to create quite a sensation in the medical world, and to make a famous reputation for its hitherto unknown author. Dr. Higgins is an original explorer in natural history, especially of the *Ophidian* races,—as was Dr. Hering in his early days,—having spent some years in South America in the practical study of the reptiles themselves, of their poisons, and of the methods of antidoting them. His book presents, in classified order, the names of some six hundred and fifty varieties of serpents, as found in all parts of the world.

After residing in Colombia, and publishing the first edition of his work in the Spanish language, he spent some time in Great Britain in examining the natural history treasures in the library of the British Museum, and in making experiments with snake-poison, in conjunction with other scientists. And this volume, in addition to presenting a complete classification and enumeration of all known varieties and sub-varieties—some of them never before described in any similar work—gives a remarkably interesting account of the fatal effects of serpent poison; of the hitherto secret methods employed by the native “Curers,” and of the new method discovered and demonstrated by himself. This latter consists in the fact that “*every animal poison has its perfect and specific antidote in the gall of the animal or reptile in which that poison is secreted.*” This is, indeed, a discovery of the utmost importance to mankind in all regions infested by those fatal pests. This discovery the author has verified by thus curing very many persons bitten by the most venomous serpents.

Dr. Higgins gives full directions for preparing and administering the serpent-gall; an analysis of serpent-poison; brief pathogeneses of *Crotalus horridus*, *Lachesis*, *Elaps cor.*, and *Amphisbæna ver.*, and more extended provings of *Aristolochia Milhomens*, and *Aristolochia Colombia*, greatly add to the value of the work. The whole is enriched by a bibliographical list of fifty authors and works referred to in this treatise; and is rendered complete by a copious index.

A PRACTICAL GUIDE FOR MAKING POST-MORTEM EXAMINATIONS, AND FOR THE STUDY OF MORBID ANATOMY; with Directions for Embalming the Dead, and for the Preservation of Specimens of Morbid Anatomy. By A. R. Thomas, M.D., Professor of Anatomy in the Hahnemann Medical College of Philadelphia, &c. For sale by Boericke & Tafel, New York and Philadelphia. 1873. Pp. 336.

Some time ago we announced this volume as forthcoming, and our acquaintance with the author led us to predict an able and valuable production. It is therefore a great pleasure to be able to say that our prediction has been more than fulfilled; and that the volume, as it lies before us, is a storehouse of valuable information that every physician should have within easy access. The opinion has often been expressed by our practical writers, that very much can be learned from cases that have a fatal termination; as much, in fact, as can be gathered from those frequently related brilliant cures with which our journals are bedecked. Dr. Thomas gives us the lessons taught by the dead. He tells us just what we are to look for, and how to look when making the post-mortem examination; and this he does in a plain, practical, and matter-of-fact manner. The importance of making post-mortem examinations for the purpose of verifying a diagnosis or otherwise, as a mere matter of scientific inquiry, addresses itself to every educated physician. But there is something more than this to be considered. There is a world of knowledge revealable only by the cadaver, and from that knowledge much that is useful in the treatment of the living is to be gained. Our author very forcibly states this fact, and we take pleasure in quoting at length from his *Introduction* in reference to it. He writes: "Among the almost innumerable questions upon medical, theological, and miscellaneous subjects which the American public feels at liberty to propound to its medical advisers, none are of more frequent occurrence and none are more justifiable than the two: 'What is the matter with the patient?' and 'Will he, or can he, recover?' and to none is an answer more imperatively demanded. (Some funny doctor, we forget who, says these are questions that should not be asked!) The public very naturally, and with reason, requires on the part of a physician the ability to make a diagnosis and prognosis. It will not be satisfied with being told that the name of the disease is of no importance; that the doctor only wants to hear the symptoms; that he does not cure *diseases*, but removes the symptoms of disease, &c. Only an exceedingly well-trained public will accept these truisms as an equivalent for diagnostic skill. Hence, it is the physician's interest, as well as his duty, as we shall see, to seek, in all cases, to make a diagnosis, no matter how difficult the task may prove to be. The question how far his treatment will be modified by his diagnosis is a question of therapeutics, and does not belong here; but certain it is, that a mere combatal of the symptoms as isolated phenomena cannot be regarded as fulfilling the whole duty of a conscientious physician."

Now the truth of this statement being admitted—and it is perfectly

incontrovertible—the importance of the study of morbid anatomy and its teachings must likewise be conceded; not only for the purpose of answering questions which may be put to us by anxious relatives or inquisitive friends of the sick, but more especially for the purpose of answering those questions which the conscientious practitioner is ever putting to himself.

Dr. Thomas's work is divided into four parts. Parts I, II, and III, treat of the Head, the Chest, and the Abdomen respectively. Part IV is devoted to miscellaneous subjects, and contains chapters on the Bones, Joints, Tumors, Effects of Poisons, Medico-Legal Autopsies, On Embalming the Dead, and On the Preservation of Morbid Specimens. The author has introduced several illustrative cases, and has made occasional reference to morbid specimens in the museum of the Hahnemann Medical College. A large number of works have been consulted in the preparation of the volume. It is more compact than Dr. Delafield's new work, and quite as useful.

The book is printed with good, clear type, on fine paper, and is substantially bound. It will, no doubt, have a large sale, as it is such a work as every practitioner should have at hand. The only fault we have to find with it is, that here and there throughout its pages we notice a particularly painful precision of punctuation.

THE TREATMENT OF TYPHOID FEVER, WITH A FEW ADDITIONS. A part of the Analytical Therapeutics. By Constantine Hering, M.D. Boericke & Tafel, New York and Philadelphia.

This is a quarto pamphlet of twenty-four pages, intended as a specimen of what Dr. Hering intends doing for the profession by the publication of his work on analytical therapeutics. Unlike most authors, he offers his wares by sample, that those who do not like them need not buy. Modesty is a commendable and cardinal virtue in a writer, and especially in one who adds to the store of medical literature. Surely a man like Dr. Hering, who is what Brougham was—a living encyclopedia of knowledge—would be excusable if egotistical. But we offer the following extract from the preface to this brochure not only as an evidence of the modest mind of a great man, but as an example to all. The Doctor writes: "The whole work will be published, *if wanted*. . . . Every one who thinks this work may aid our cause, ought to aid the book by sending remarks and additional observations, which will be thankfully acknowledged by the author."

We trust that this sample publication will meet with a large sale, that the author may be encouraged to go on with his work; and we unreservedly assure our readers that each one who purchases a copy will get more than the worth of his money. The regular issue will be in parts, at two dollars and a half each; each part to be complete in itself, and may be used as such by the practitioner. We would suggest that these parts should be bound in boards, similar to the publications of the American Institute of Homœopathy, which will insure their preservation in good condition until the completion of the entire work admits of a more substantial binding.

COMPLETE REPERTORY TO THE HOMŒOPATHIC MATERIA MEDICA.  
Second Edition. Revised, rearranged, and very much enlarged.  
DISEASES OF THE EYES. By E. W. Berridge, M.D., &c. London:  
Alfred Heath, 114 Ebury Street. 1873. Pp. 321.

The subscribers of the *Hahnemannian Monthly* have the first edition of this work, and to these we have only to say that the second edition contains more than twice as much as the chapter on "Eyes" published in that magazine.

The list of medicines which our indefatigable friend Berridge has given, and such as he refers to in his Repertory, reaches the number of 1171. He has even added the eye symptoms and concomitants of every drug of which provings have been published in allopathic journals.

Thus the first word of the title—"complete"—is not only true, but it does not express enough. The book is really more complete than any other, and further, it is the most complete of all we ever had offered to us on the eyes or on any other single organ of the body. It is not an easy book to study, not a mere catalogue of the names of diseases, and with each an enumeration of a few medicines; but in its use earnest research is requisite, and careful scanning, to find what medicine is indicated by the leading symptoms. If this should be done only once in three months, it would amply repay the practitioner for his time, and soon bring the money back which the book cost.

The use of such books, if only in the most important cases, is the surest way to build up a reputation for accuracy in prescribing.

We append the following cases, given by the author in his preface as sample cases, by way of illustrating the scope and method of the book:

"I.—August 9th, 1871. At 2 P.M. a child put its finger into its mother's left eye, scratching the upper part of the eyeball. Smarting in eye followed, with heat, redness, and hot lachrymation; cannot open the eye from pain. Cold water applications relieve the pains and watering; the light of day increases the watering.

Page 290. *Relief from cold—the heat in eye*: Alumina, Amm. mur., Thuya.

*Lachrymation*: Alumina.

*Smarting*: Alumina, Nit. ac.

Page 293. *Relief from washing—Heat*: Alumina, Amm. mur., Asar., Nitrum, Thuya.

*Lachrymation*: Alumina, Asar., Magn. carb.

*Smarting*: Alumina, Natr. carb.

Page 175. *Worse from daylight—lachrymation*: Alumina and fifteen others, none of the eight above.

Thus Alumina corresponds to all these symptoms, and it will be found to have also redness of eyes, p. 16, difficult opening of eyelids, p. 47, and hot lachrymation, p. 24.

Accordingly at 7 P.M., the symptoms having lasted five hours, I gave



a single dose of Alumina C<sup>m</sup>; in fifteen minutes all the symptoms were gone, except a little feeling of stiffness."

*Remarks*—It would be very cheap to say that cold water did this, or the dear *heal-all*—nature. Every one who has observed such cases, and they are frequent, knows that what has lasted five hours will never disappear in fifteen minutes of itself. If we observe a scratch in the web of a frog's foot with the microscope, we see with what circumstantiality poor nature has to go to work before she seems to make a cicatrix.

Cases treated by people who have at home a book and box of remedies, and who use with the cold-water applications Aconit. and Arnica in alternation, last usually from one to several days, according to the depth of the scratch. The course of nature always differs from the course of art.

"CASE II.—November 6th. Three weeks ago, when blowing her nose, she felt as if something broke in the right eye, which watered much. Since then, at times, when blowing nose, has had a feeling as if a tight skin came halfway down over right eye, preventing the sight of that eye; removed after rubbing; after it has gone, feeling as if something were pricking the eye; eye waters.

On the last two occasions this sensation came on without blowing the nose.

Page 209. By blowing nose sight impaired as if by a pellicle. Caustic. As this was the only remedy mentioned, and also corresponded to the remaining symptoms, it was given in 6<sup>m</sup>.

Report on December 17th (35 days later). The symptoms ceased at once and did not return."

*Remarks*.—As the eye must have been more or less affected when blowing of the nose caused the symptoms mentioned, and it had lasted three weeks, when it ceased, and had not returned for five weeks after, only the most shameless impudence could induce one to say "nature" had done it. Such cases never happen. If it was not the medicine, something else did it; but it must have been some outside influence.

We conclude our notice by asserting that not one of all our different Repertories would have enabled us to find in these two remarkable cases the indicated medicine in so short a time as did this one. The book can be procured of the author or publisher, price twelve shillings, gold, for which the volume will be forwarded postage prepaid. Dr. Berridge's address is 4 Highbury New Park, London, England. That of the publisher has already been given.

C. HERING.

#### PHILADELPHIA COUNTY MEDICAL SOCIETY.

REPORTED BY ROBERT J. MCCLATCHEY, M.D., SECRETARY.

THE attendance at the May meeting of the Society was not very large on account of a heavy rainstorm prevailing. The President elect, Dr. W.

M. WILLIAMSON, took the chair. After calling the meeting to order, the President addressed the Society as follows:

MEMBERS OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA: In conformity with the usual custom, before proceeding to the direct business of the evening, I wish to thank you for the honor you have conferred upon me in your choice of presiding officer for the ensuing year, and shall ask your kind assistance in making our meetings agreeable and instructive. It is not without some feelings of diffidence that I assume the responsibility of President of this Society, the proceedings of which are forming in no mean degree part of the current literature of our school, and whose publications are eagerly sought for throughout the country, whose deliberations have been heretofore presided over by our eldest and most experienced physicians. I look to them as our mentors, and feel assured that we shall not look in vain. They still have their harness on, and stand the heat and brunt of the day.

To our lady members, who grace our meetings with their presence, I would urge that during the year they contribute papers upon the class of diseases which come more particularly under their care—a class of diseases which, from natural causes, seldom fall into the hands of the younger practitioners. Especially to our younger members I would urge regularity and punctuality of attendance upon our meetings, that they prepare papers for discussion, report interesting cases that arise in practice, cases of difficult diagnosis or obscure pathology. Talking is catching, and they will soon find themselves taking part and becoming more and more interested.

To our worthy Scribe, who still holds the position which he has so ably filled since the organization of the Society, and contributed so much to the position which it now occupies, we shall look to for a continuance of his monthly instruction and amusement.

The consent of our Secretary to continue to do duty in his old position is sufficient guarantee that our proceedings will be fully and faithfully reported; and through him papers prepared for the Society, and the discussions thereon, will reach, through the organ of the Society, the widest publication.

The report of the Scribe, DR. BUSHROD W. JAMES, was then read by the Secretary in the absence of the Scribe, who was detained by the severe illness of his father, Dr. David James. The report was as follows:

#### NOTABILIA.

BY BUSHROD W. JAMES, M.D., SCRIBE.

BAD COLD CURED DOMESTICALLY.—The following clipping from a newspaper may be a little overdrawn, but it illustrates very much the recklessness of the laity with regard to their lives.

"One of our citizens, who has been troubled with a severe cold on the lungs, effected his recovery in the following manner: He boiled a little boneset and horehound together, and drank freely of the tea before

going to bed. The next day he took five pills, put one kind of plaster on his breast, another under his arms, and still another on his back. Under advice from an experienced old lady he took all these off with an oyster-knife in the afternoon, and slapped on a mustard plaster instead. His mother put on some onion drafts on his feet, and gave him a lump of tar to swallow; then he put some hot bricks to his feet and went to bed. Next morning another old lady came in with a bottle of goose-grease, and gave him a dose of it in a quill; and an aunt arrived about the same time from Bethel with a bundle of sweet fern, which she made into tea, and gave him every half hour until noon, when he took a big dose of salts. After dinner his wife, who had seen a fine old lady of great experience in doctoring, on Franklin Street, gave him two pills of her own make, about the size of an English walnut, and of a similar shape, and two tablespoonfuls of homemade balsam to keep them down; then he took half a pint of hot rum at the suggestion of an old sea captain in the next house, and steamed his legs with an alcohol bath. At this crisis two of the neighbors arrived, who saw at once that his blood was out of order, and gave him half a gallon of spearmint tea and a big dose of castor oil. Before going to bed he took eight of a new kind of pill, wrapped about his neck a flannel soaked in hot vinegar and salt, and had feathers burnt on a shovel in his room. He is now thoroughly cured and full of gratitude. A few doses of the properly selected remedy by a scientific physician might have enabled him to go to business the first day."

**MAGNETIC WELLS.**—"Every few days we see an account of wonderful cures by the magnetic wells of Michigan, or some other Western State. We were at a loss for some time to understand what was meant by 'Magnetic Wells.' But it was finally explained by the statement that if some of the water is put into a tin-cup, and this is connected with the earth by an iron wire, the wire shows distinct evidence of magnetism. The iron tube of the well, where it is a driven well, is also magnetic. It is very easy to account for the magnetism shown in both these cases. Any bar of iron, placed approximately parallel to the magnetic axis of the earth, at once becomes magnetic by induction, especially if it be sharply struck while in this position. If we carefully examine bars of iron or steel that have been standing on their ends for some time, we shall frequently find them exhibiting distinct polarity.

"Iron, nickel, manganese, and cobalt are the only substances with which chemists and physicists are acquainted that exhibit magnetism in any marked degree; therefore, the idea that the water is magnetic, or that it possesses any distinct medical properties due to this magnetism, is simply absurd."—*Boston Journal of Chemistry.*

"JET-BLACK CANDLES, which have been a desideratum in Europe for funeral purposes, are now made by digesting the paraffine or other material for a few minutes with heat in a vessel containing some crushed anacardium nuts (*Anacardium orientale*); and the juice of the same nuts

can be employed as an indelible ink, which is not acted upon by acids, alkalies, chlorine, or potassic cyanide."—*Boston Journal of Chemistry.*

If Anacardium or other drug agents be burned in candles is there not great danger of producing specific drug action in breathing the atmosphere in which they are burned, or will most of such agents lose their medicinal power by the process?

**SILPHIUM LACINIATUM.**—Dr. G. A. Hall, in the April number of the *Medical Investigator*, gives the following summary of a proving of this drug, which we extract:

("The first dec. trit. was given in doses of two grains, gradually increased to ten grains every two hours.)

"It produces a scraping, tickling, and irritation of the fauces and throat; nausea, sick faint feeling, and a sense of goneness in the epigastrium; a desire to hawk and scrape the throat, throwing off a thin, viscid mucus. Irritation extends up posterior nares, involving mucous membrane of nasal passage, producing sneezing, followed by a discharge of limpid, acrid mucus from the nose, attended with a constriction and pressure in supraorbital region. Engorgement and thickening of mucous membrane of the throat, extending down as far as could be seen; a rough cough, attended with expectoration of yellow mucus; a constriction and tightness of lungs, with a constant disposition to raise; hacking, spasmodic cough; tongue covered with a whitish, slimy coat, attended with a dry sensation, as burned with hot soup; urine high-colored and scant, frequent passages, accompanied with a sense of heat or burning at the meatus urinarius during passage of urine; stools natural in form, but covered with white, slimy mucus. An internal feverish sensation, but pulse not accelerated; want of appetite.

"*Clinical Observations.*—For ten years I have used Silphium in asthma with large quantities of stringy mucus, in influenza, coryza, catarrh, and believe it to be the best remedy we have in phthisis when gray or yellow mucus is expectorated copiously, causing rapid exhaustion.

"I used the second dec. trit. in one or two grain doses every two hours until expectoration is diminished perceptibly, and then at intervals of four or six hours until expectoration is diminished to a degree consistent with other symptoms of the case."

DR. MARTIN'S paper on "Retroversion of the Uterus" was then taken up for discussion. (See May No.) Dr. Martin re-read his paper by request.

#### DISCUSSION.

DR. J. C. MORGAN said that the position of this child, as described in Dr. Martin's paper, was one often met with by physicians of experience. Many ladies who are now under the care of specialists who treat nervous diseases, habitually assume that posture. When we have a patient who has been an invalid for some time, and who is bedridden, who habitually takes this drawn-up posture, we have good reason for suspecting some form of uterine displacement. Dr. Morgan objected to Dr. Martin's definition of the axis of the uterus. That axis is represented by a line



drawn from the umbilicus to the coccyx, and any deviation from this line is a displacement of the organ. Dr. Martin states that retroflexion is only one of the stages of retroversion. Dr. Morgan objected to this statement. Retroflexion may occur independently of retroversion, the cervix uteri remaining in a normal position. His old teacher, Dr. Wiltbank, used to give, as a frequent cause of retroversion of the uterus, the habit of retaining the urine until the bladder was distended to an inordinate degree. He also regarded dress as a prominent cause of these displacements; the weight of the skirts hanging from the hips makes pressure upon the pelvic contents and bears them downwards. Add to this, the pressure from above made by the corsets which so many women wear, and it is easy to account for the frequent occurrence of ante- and retroversion. Congestion of the ovary, either from moral causes or from menstrual disturbances, is another efficient cause of displacement. If but one ovary be congested, we may have lateroversion. He once had a patient whom he had relieved of a retroversion, and who, while in Europe, had a sudden recurrence of the displacement while walking on the Alps. He wrote to her minute directions for repositing the womb herself, telling her to loosen all her clothing, especially around the waist, to lie face downward upon the floor, and alternately expire and inspire deeply, and occasionally cough. She followed these directions closely, and the womb was replaced.

Dr. MARTIN said he accepted Dr. Morgan's correction in regard to the axis of the uterus, but he still contended that retroflexion was but one of the stages of retroversion, and thought that the authorities were on his side. He was of the opinion that the retroversion in this little girl was occasioned by her lifting a smaller child from the street into a window. He was of the opinion that it was a very easy matter to make mistakes in regard of these various displacements of the organ. He had seen cases in which there existed all the symptoms of displacement, and yet he had failed to detect any deviation from the normal position of the uterus by means of the speculum. He thought the difficulties were increased if the woman is placed on her side to undergo the examination. The best position for making an examination with the speculum is to have the patient lying upon her back, with her hips down to the edge of the bed, and her limbs flexed and feet resting upon two chairs; the physician taking his place between them,—a position, in fact, similar to that for the use of forceps. He has now under treatment the following case: An unmarried woman, thirty years old, has pain in the abdomen; weight, pressure, and burning in the vertex (these head symptoms, he thinks, are characteristic of uterine disorder); pain above the left ovary, over the crest of the ilium, sometimes extending down to the ovary; great tenderness of the abdomen to pressure; lies most comfortably upon her back or left side; the abdomen feels swollen; discharge of gas from the vagina; sensation as of a lump in the throat as though she had been crying; throbbing in the coccyx. On making the examination, he found

very great tenderness and sensitiveness of the vagina,—so great, that she suffered for several days afterward. At this examination he detected an anteversion. All the symptoms seemed to point to *Lycopodium*, which he had given day after day without results. The patient now has constant tenderness extending throughout the length of the spine, so that she cannot now lie on her back at all. She had been under the care of other physicians, some of whom thought she had spinal disease, others angina pectoris, &c. He intended to reposit the uterus by means of the sound as soon as the extreme sensitiveness has abated.

DR. MORGAN asked whether the skin was very tender, so that it could not be pinched.

DR. MARTIN replied that the entire integument was very sensitive to touch or pressure, and of course could not be pinched.

DR. MORGAN said he had cured a case of dyspepsia, where there was excessive tenderness of the skin, by the use of Capsicum.

THE SECRETARY said that, as the discussion seemed to flag and there were so few to take part in it in consequence of the heavy storm prevailing, he would depart from his usual habit of reticence and say a few words on this important subject. He did not agree with Dr. Martin that retroflexion was one of the stages of retroversion. Sir James Simpson used these terms as synonymous, but the displacements are certainly distinct and different. Retroversion is a turning backwards of the fundus of the womb into the hollow of the sacrum while the cervix is carried upwards and forwards toward the symphysis pubis—the whole womb being displaced from its normal axis. Retroflexion was a bending backwards of the body of the womb while the cervix was nearly, if not quite, normal, the flexure taking place at the junction of the cervix and body. It usually results from enlargement of the womb, subinvolution, or some other cause, which, while adding to the weight of the fundus and body, weakens the womb tissue, and perhaps produces relaxation of uterine supports. Some authors, Lombe Athill, for instance, almost ignore retroversion, and treat chiefly of retroflexion as *the* displacement backwards. He did not coincide with Dr. Martin in his statement that these displacements were difficult to detect, unless they are very slight. The normal position of the womb is one of anteversion, and a slight deviation might be difficult to make out; but retroversion or retroflexion and decided anteversion make themselves so plain by their symptoms generally, and the results of physical exploration particularly, that it is not a difficult matter to detect them—although, of course, mistakes may be made even by specialists. The diagnosis of these cases of displacements should be made progressively, until doubt is removed. First, we have vaginal touch, coupled, if necessary, with abdominal palpation; then rectal touch; then the speculum, and finally, if any doubt remains, the uterine sound or probe clears it away, and makes it plain in what direction the displacement has taken place, and if the sound be used it will tell whether the uterus is enlarged or not. The Secretary also took exception to Dr.

Martin's method of using the speculum, viz, the position for the long forceps according to the French and American method. He greatly preferred to have the patient lie on her left side, or rather tilted on to her left chest and shoulder in a semi-prone position, with the buttocks well down to the edge of the bed, a pillow under the hips, and the limbs flexed and drawn up towards the abdomen, taking care that the flood of light is in the direction of the axis of the vagina. In this position you have the advantage of having the uterus nearer to the vulva, and likewise the advantage of having the abdominal parietes completely relaxed and flaccid, so that the uterus can be grasped between the fingers, the ovaries felt, and other important information gained. There is less exposure, too, by this method, inasmuch as the patient having on properly made drawers, no part of the person is, or need be, exposed, except the vulva. In regard of the case just related by Dr. Martin, the Secretary had doubts as to whether the grave symptoms he had detailed were fairly attributable to the anteversion of the uterus alone. In his opinion there was something else the matter. Anteversion, as a general thing, does not give rise to very grave symptoms, unless the displacement is very decided. The most constant symptom is vesical trouble, and Dr. Martin has not mentioned any urinary symptoms in connection with this case. These urinary troubles occur with both the ante and retro displacements as a general thing, and Dr. Ludlam has well said that where these troubles exist we have good reason to suspect uterine displacement, although we are not to take it for granted that there is no displacement because vesical symptoms are absent.

DR. MARTIN.—Notwithstanding what Dr. McClatchey has said, I still maintain that retroflexion is simply an intermediate process of retroversion. In my method of using the speculum there is no exposure. I use a sheet which covers in the limbs, and is twisted in such a way as to be wrapped around the speculum. I think it is not so easy a matter to detect these various displacements. We all know about the uterine sound, with its rough and smooth side, and so on; it is an old story.

THE SECRETARY said he would not care to have a sheet wrapped about a speculum while he was using it. The best speculum of them all—Sim's duck-bill—would not be of much use with the patient in the position described by Dr. Martin; and even Cusco's bivalve is handier and more useful with the patient on her side.

DR. MORGAN.—The speculum ought to be used with the patient in various positions, and if one position is not satisfactory, another should be tried. Even the duck-bill can be used with the woman on her back. One advantage of this position is, and in this I differ from the Secretary, that the os comes nearer to the vulva than it does when she is on her side.

THE SECRETARY agreed with Dr. Morgan that if one posture was not satisfactory another should be tried. He wished it to be understood that his experience was not one-sided. He had used the instrument with the patient on her back, and in the semi-prone posture he had previously

described; and he greatly preferred the latter. He did not agree with Dr. Morgan that the cervix was nearer to the vulva in the dorsal position.

The SECRETARY announced that he had a very interesting and valuable paper by Professor J. H. P. Frost, being a detail of some cases of psychological disease, with their treatment. He preferred that the paper should be laid over until the next meeting of the Society, as the hour was late and the attendance meagre. It was accordingly laid over, and the Society then adjourned.

## QUARTERLY MEETING OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M.D., SECRETARY.

### MORNING SESSION.

THIS Association convened at the Secretary's office, in Syracuse, yesterday, at 10 o'clock A.M. In the absence of the President and Vice-President, Dr. Rhodes was elected to the chair. About twenty members were present. The Secretary's report was read and accepted.

### TYPHOID FEVER.

DR. GREENLEAF made a valuable report on Baptisia, giving some of its characteristic indications in typhoid fever and dysentery. [See page 507.]

PROF. C. C. SMITH, of the Hahnemann Medical College, Philadelphia, favored the Society with a highly interesting paper on Baptisia in typhoid fever. [See page 505.]

The Secretary read a review of a report on typhoid fever, made to the American Institute of Homœopathy in 1872. [See page 509.]

DR. WALDO made some pertinent remarks on the papers presented.

DR. MARKS reported a case of typhoid fever with severe epistaxis, which latter symptom was controlled by Hamamelis. Rhus then completed the cure of the case. Symptoms: Great restlessness, triangular redness of the tip of tongue, &c.

DR. SEWARD mentioned a case of typhoid pneumonia. The patient was a youth, with a dry, racking cough, pleuritic pain in lower right lung; tongue heavily coated and red at tip; first chills, then great heat; general lameness and soreness, like a bruise. Rhus made a speedy cure. After fever, meat diet and no slops. He also reported several cases of typhoid fever in which, during convalescence, dangerous relapses were occasioned by taking solid food.

DR. PALMER for a year has used milk diet freely and with excellent effect in typhoid fever. The milk is warmed, not scalded.

DR. WALDO reported several cases of typhoid fever in which milk diet was used with good effect; convalescence in two weeks.



DR. BREWSTER was accustomed to use milk diet, or rather milk and water in typhoid fever. He observed that water entered into the composition of the human body more extensively than any other substance. The fever rapidly consumes the water. He reported a case of typhoid fever. Patient, a child three years old. Symptoms: Muttering delirium; *yellowish-red, dry, tremulous* tongue; moderate thirst; pulse soft, not above seventy; rational for a brief time when awake, then subsiding into delirium; paralysis of motory nerves of left limbs. Lachesis and plenty of water to drink. Patient on his feet in six days.

DR. MARKS has recently had fifteen cases of intermittent fever. Treated from one to two weeks, according to indications. Principal remedies Arsenicum and China. Symptoms of Arsenicum: Chills mingled with heat and then sweat, thirst, drinking but little at a time; generally worse about midnight. China: Ringing in the ears; countenance very pale and then red; bloating after eating; worse in afternoon.

#### AFTERNOON SESSION.

The Vice-President, DR. BENSON, occupied the chair.

DR. BOYCE reported the case of a little girl having typhoid fever with delirium: tongue dry, black, cracked; throat dry and cracked; could not put out the tongue. At the middle of the third week gave Lachesis, which in forty-eight hours completely removed all the symptoms except debility. This occurred twenty years ago.

DR. STRONG has with Lachesis cured bed-sores in typhoid fever; ulcers, red and inflamed, with black edges.

A case was cured by Hellebore. Symptoms: Constant rolling of the head, day and night; moaning; tongue dry and red, previously black; pulse 130; fever-thermometer indicated 160 degrees. Uses fever-thermometer in prognosis. In several cases he has verified Raue's characteristic indications of typhoid fever. In the evening there is an increase of one degree in temperature and the next morning a decrease of half a degree.

DR. CLARY said that from year to year his confidence in the curative effects of homœopathic remedies in typhoid fever continually increased.

The question arises, can we, in a majority of cases, diagnose typhoid fever in its early stages? He thought we could not, and related cases. But when a case develops itself, we have with the fever great prostration, and an exhausting diarrhœa may be present. With good treatment this diarrhœa will soon cease, and then constipation may continue many days, but finally the bowels become perfectly regular. The local disease is either in the brain or in Peyer's glands in the bowels. But the old classification of fevers, bilious-remittent, gastric, typhoid, &c., was of no practical value; yet, in order to satisfy the friends, the fever must be christened. In its treatment we are guided by the symptoms. In typhoid fever, typhoid pneumonia, dysentery, &c., we have typhoid symptoms. In typhus there are great thirst, prostration, stupor, patient sleeps day

and night; dry and black tongue, and petechial spots in some cases. There was more blood-poisoning in typhus than in typhoid.

DR. BOYCE.—Typhoid fever is lately characterized as an excrementitious fever. It is said that the disease may arise from excrementitious matters taken into the stomach with food.

DR. VINCENT\* said that neglected colds might develop into typhoid pneumonia or typhoid abdominalis, but typhus is more properly an excrementitious fever. Why do the old school have so much typhoid fever? Doubtless because they fail to limit *feverish colds* to their incipient stage, and these thus develop into typhoid fever.

DR. WALDO referred to ten cases of typhoid fever occurring simultaneously in one house, all recovering under his treatment. Some neighbors visited the patients, but ate and drank nothing there, yet several of them afterwards had the fever and died.

DR. VINCENT.—Typhus has ulceration of the bowels as well as typhoid, but it has also purpura and greater blood-poisoning.

DR. HAWLEY.—The epidemic in Maplewood Seminary originated in inhaling poisonous excrementitious matter from privies. This fever does not always originate in bad sewerage. In Berkshire, his native town, a case of ship-fever occurred and spread extensively. "No scientists accept the theory of Hahnemann," but they often accept other foolish whims.

DR. SEWARD knew of several virulent cases of typhus in Liverpool, originating in bad sewerage.

DR. CLARY.—There is a marked distinction between the two diseases. They do not affect the same organs, but in their early stages it may be difficult to distinguish them. Some physicians call nine-tenths of their cases of fever typhoid, and thus win a reputation for curing it.

DR. SEWARD.—One case of inflammatory fever terminated in typhoid; the worst form he had seen, except ship-fever.

DR. CLARY.—In several cases of veritable ship-fever, the patients felt well and looked well a week or two before the fever set in. He thought there was, in those cases, no blood-poisoning before the onset of the fever. One form of fever may terminate in another. In his experience in typhoid fever, not one case in ten had eruptions.

DR. BOYCE.—Something is gained hygienically in knowing the causes of these fevers.

DR. BENSON.—In Kelloggsville, which is high ground, there is more typhoid fever than elsewhere in Cayuga County.

DR. HAWLEY.—Pompey Hill is very high ground, and so is Fabius and Tully, and more typhoid fever prevails in these elevated regions than in any other surrounding parts.

DR. CLARY had not had more than twenty-five cases of typhus and typhoid fever, exclusive of ship-fever, in forty-four years.

DR. HAWLEY lately had a case of typhoid fever; patient had been sick six days. Symptoms: Stupor; slept most of the time; mind wandered;

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\* Secretary of State Society.

talked about business; tenderness and gurgling in ileo-cæcal region; much heat and thirst; at night he was all to pieces, very busy getting himself together. Baptisia<sup>4</sup>. Next night slept all right; well in a week; no sweating. In that stage, never before saw such a fever arrested.

DR. CLARY had often seen cases, to all appearances, of aggravated typhoid form of fever abated in early stages.

DR. BOYCE.—Is nourishment ever appropriate in typhoid fever?

DR. HAWLEY.—There is a stage where you must feed or the patient will die; before this stage is reached food will lead to a fatal result. Rapou says that when the urinary sediment touches the bottom of the vessel you must feed. This direction has never been of any use to him.

DR. VINCENT.—The temperature of the room has much to do with the formation of the urinary sediment.

DR. CLARY.—Allopaths give quinine and stimulants, spirits of turpentine and food all the time.

DR. VINCENT.—Their treatment is like a ship without a rudder. Formerly it was antiphlogistic, but, as most of the patients died, now they stimulate. He uses condensed beef. Beef juice is preferred to beef tea, because the albumen is not coagulated by an admixture of water. A patient craved buttermilk, drank it freely and made a rapid recovery. His system probably required lactic acid. In these fevers freshly-churned buttermilk is very grateful.

DR. BASS.—In the typhoid fever prevalent in Pompey, the patients must be fed or they die.

DR. HAWLEY succeeds best by giving rare beefsteak. They want something to chew.

DR. BENSON also uses beefsteak in such cases.

The Secretary reported a case of typhoid fever cured by Lachesis.

#### CASE OF TYPHOID FEVER ABORTED WITH LACHESIS 2<sup>c</sup>.

An editor of one of our daily papers attended the late Secretary Seward's funeral, and was exposed to cold, wet weather all day. At night he returned to his home, and immediately retired, when he was found in a comatose state, with a high fever; tongue dry and red at tip, and soon becoming brown in the centre; pupils at first contracted, afterwards dilated; as a complication of the fever, the patient appeared to suffer from an attack of bilious colic, to which he had long been subject paroxysmally; vomited greenish water, and was at times very restless from colic, requiring three attendants to keep him on the bed, and he would continually throw off the bedcovers; he was otherwise profoundly unconscious of external impressions; pulse about 120, 4 to 1 respiration; involuntary stools and micturition; the fever-thermometer was not used. On the second day I observed that the patient, *after sleeping a short time, invariably awoke throwing off the bedcovers with terrible restlessness and tossing.* Lach. 2<sup>c</sup>. An occasional dose was within one hour followed by a marked abatement in the symptoms; patient became perfectly quies-



cent; the pulse was less frequent; the tongue improved in appearance, and I was enabled soon to make a favorable prognosis, though all others that saw him unhesitatingly pronounced the case hopeless. Under the action of this remedy the febrile symptoms steadily improved; the fourth day the patient had lucid intervals, and after the fifth day he was restored to consciousness. In about nine days from its incipency every trace of the fever, except debility, was removed. Afterwards a severe headache supervening, with aching and lancinating pains *extending from left occipital region through the head to forehead and eyeballs*. Gels 2c, occasionally repeated, soon relieved the headache, and on the twelfth day my patient was discharged, cured. There has been no return of bilious colic now for several months, though previously to this febrile attack he had paroxysms of bilious colic averaging once in about six weeks.

DR. SPOONER reported a case cured by Lachesis. The patient's tongue trembled violently.

THE SECRETARY.—To sum up cases reported as aborted, Lachesis has in the experience of members aborted four marked cases of incipient typhoid fever, Baptisia two or more, Rhus two, and Hell. one.

DR. BOYCE. The first Secretary is now hygienic superintendent of the Chili Railroad.

DR. HAWLEY was chosen essayist, to make a differential diagnosis between typhus and typhoid, at the next meeting.

An amendment to the constitution, entitled Article VI, was adopted.

A paper was received from Dr. Leveret Bishop, of Oneida County, entitled "Theories and Therapeutic Aphorisms."

It was accepted with the thanks of the Society. The paper is as follows:

#### THEORIES AND THERAPEUTIC APHORISMS.

By DR. BISHOP, a veteran Homœopathist, 82 years of age.

1. The therapeutic forces of homœopathic attenuations retain their specific individualities, whether carried to the 10th, 20th, or 30th potencies, more or less.

2. The atomic constitution of homœopathic attenuations remains constant, never evolving new or differential chemical complexities in the ascending scale unless by foreign admixture.

3. The molecular constitution of drugs may differ in the higher or lower attenuations in consequence of different groupings of their elementary atoms, as in the formation of ozone at the oxygen electrode when water is decomposed by an electric current. Prof. Tyndall thinks ozone is produced by the packing of elementary oxygen alone into oscillating groups, and that its action on radiant heat is so energetic as to place it beside olefiant gas or boracic ether, while oxygen gas is as transparent to radiant heat as dry air.

4. By means of radiant heat may it not be possible to demonstrate not only the atomic constitution of homœopathic attenuations but also the molecular groupings of their elementary atoms?

5. To every particular degree of refraction of light belongs a definite color and no other. Hence light of one degree of refrangibility produces the sensation of red, and of another degree the sensation of green. (Tyndall.)



6. To every different drug belongs a different therapeutic force, and the law of similia is the algebraic sum of these forces.

7. The law of similia is fundamental, and is only limited by the knowledge of the one who attempts to apply it.

8. The action of infinitesimalized drugs upon living organisms abnormally conditioned is analogous to those of light, heat, electricity, galvanism, in wave-like vibrations.

9. When the sum of motion received is greater than the sum given out, warming is the consequence; when the sum of motion given out is greater than that received, chilling takes place. This is Prevost's theory of exchanges expressed in the language of the wave theory.

10. Therapeutic efficiency of drugs does not depend on high or low potencies so-called, but upon the true homœopathic correlation of the drug force and the physiological complexities of the vital forces in the various organisms.

11. An infinitesimal quantity of sulphur (or other drugs) declares its peculiar drug force on living organisms abnormally conditioned as emphatically as heat upon the thermo-electric pile. Repeated under the same or similar conditions of other living organisms, the subjective or sensible phenomena and the objective or visible phenomena declare themselves with corresponding identity.

12. The hypothesis of a luminiferous ether as a basis of the wave theory in the transmission of light and heat from the sun to our planet may be paralleled by a similar hypothetical ether pervading all living organisms. We may suppose the atoms of infinitesimalized drugs plunged into this elastic medium, accepting its motions and imparting their motions to it.

13. No theoretic conceptions can be framed of the *modus operandi* of even the fifth attenuation of Aconite or other drugs, except on the basis of the wave theory and the existence of an infinitely elastic ether pervading all living organisms.

14. No conceptions or theories at all can be framed of the *modus operandi* of the 2000th attenuation of Sulphur or other drugs, because we are scarcely able to believe the All-seeing Eye could visualize any atoms therein, except the constituents of alcohol.

15. Hence the assumption that sulphur molecules or atoms in the 2000th attenuation of this drug do exist, because numerous cures follow its administration, is not verified by such cures.

16. But to affirm, as we do, that such cures would *not* have been wrought without the aid of this supposed 2000th attenuation of Sulphur, selected from other drugs according to the law of similia, may seem paradoxical, since our uttermost idealities cannot frame any corresponding analogies in the domain of molecular physics.

17. These Sulphur atoms are such rapidly-diminishing qualities in the early processes of attenuation that physical research and demonstration are not attempted beyond certain limits.

18. Admitting, as we must, the irresistible logic of facts in the matter of *bonâ fide* cures from high potencies, and the non-existence of any specific drug atoms in such potencies, we must seek for other definite forces underlying these inexplicable phenomena of cures.

19. Human knowledge has not as yet attained a high pitch enough to solve the mystery of therapeutic efficiency of the 2000th potency of any drug.

20. Nevertheless the law of similia is fundamental, and only fails us when we lack knowledge to interpret aright.

21. Therefore, to ask, as some do (see January number Medical Union, Salutory), that this law may be allowed its proper value, is virtually a repudiation of its fundamental truth as a unit, and may prove a very

damaging compromise with the ever-changing theories and dogmas of the allopathic schools.

22. The conceptions which any one mind frames of the law of similia are literally repeated in the conceptions which all other minds frame of this law as a unit.

23. But the conceptions which different minds frame of *exceptions* to this law as fundamental must be largely automorphic and likely to be wide of the truth.

24. If we recognize Christianity not because we claim exclusive devotion to its creed or fundamental truth, but because numerous exceptions are allowed to its universality in favor of Mohammedanism or Buddhism, our individual interpretation of its value as a unit must be widely different.

25. Pathological research should be confined, more exclusively than it has been, to etiology in the true significance of that term. Then in seeking for the true causes of disease we should come at length to accept the philosophy of forces more comprehensively.

26. If we would theorize concerning the *modus operandi* of therapeutic agents upon living organisms, the true basis of philosophical research will be found within the domain of molecular physics. So it may be in seeking for the true cause of disease. For example; place a small child or infant near a window in a warm room, with cold and damp weather outside. Let there be currents of cold air coming in from without through small apertures or cracks in the glass, and if the child remains exposed to these currents any considerable length of time, croup will be more likely to ensue than from exposure outside in the open air for a like period of time. But if no currents of air come in from without, no matter how cold or damp the air may be outside, there is no transmission of heat-rays from within outward, as glass is opaque to heat-rays. These rays are intercepted or absorbed by the glass, and become thermal energy, and by slow radiation maintain an equable temperature, free from intermingling currents of cold and warm air.

But suppose we have the casements of a window set with alternate plates of glass and crystallized rock salt, the whole casement being impervious to air, other things being equal as before stated in the matter of warmth within and cold without, it would seem a child or infant might remain in close proximity to this window an indefinite time as safely as in any other part of the room, and with no more danger of croupy development. Not so; and in searching for physical causes we must inquire into the molecular atomic and crystalline constitution of plate glass and rock salt.

With proper questioning by means of radiant heat, we shall find they differ widely. We shall find plate glass nearly as opaque to radiant heat as pitch or printer's ink to sunlight. We shall find, also, that plates of crystallized rock salt are as transparent to radiant heat as dry air, oxygen, hydrogen, and nitrogen. Consequently, we shall find near the window set with alternate plates of glass and rock salt, although impervious to the air from without, such currents and counter-currents of cold and warm air, of dampness and dryness, striving for the mastery, that a croupy child would be safer in the open air *outside*, than within this warm room close by the window.

It is true the windows of our dwellings are not set with alternate panes of plate glass and crystallized rock salt, consequently it may be said these facts are of no practical value. But similar conditions may exist in our material surroundings, and we remain ignorant of the facts. These conditions may be more or less localized or endemic in various geographical areas, or epidemic, or even cosmic in their amplitude, thereby emphatically suggesting to us the philosophy of forces in seeking for the true causes of disease, instead of idealizing atoms or molecules of a deadly virus, poisoning the blood, corrupting the fluids, decomposing the solids,

and supplementing chemical complexities for life forces, and chemical therapeutics for the law of similia.

The theory of chemical forces as primary elements in the normal unity of life forces, practically opens the door for the admission of unlimited exceptions to this fundamental law of cure. One especial feature of allopathic practice may serve to illustrate the vagueness of their therapeutics, viz.: the application of a fold of flannel, saturated with aqua ammonia, to the throat and neck of children in scarlet fever and other forms of sore throat from exposure to cold and damp currents of air. Query: Why did the child complain of its burning his throat like a hot iron, and smarting so that he could not endure it? Why did it redden the skin so quickly and raise the cuticle, as in blistering with cantharides or scalding hot water? Why is not the same effect produced by a decoction of sage or catnip at the same thermometrical heat as the ammonia? With this questioning we do not couple the inquiry, why radiant heat from a red-hot copper ball, as a source in close proximity to the throat, should burn the cuticle to blistering, but rather what is the difference, therapeutically, in burning a child's throat with aqua ammonia, or with a certain intensity of radiant heat from a hot iron or copper ball, or the application of hot water? Is this burning with aqua ammonia, or radiant heat, or hot water, one phase of chemical or mechanical therapeutics?

Why should this aqua ammonia cause such a clashing of the atoms and molecules of the organisms to which it was applied, as to tear them asunder and break up the organic structure of the cuticle? Let us search for corresponding analogies in the action of various gases and odors upon radiant heat.

The following table, copied from Prof. Tyndall's lectures, gives the relative absorption of several gases, at a tension of one atmosphere or thirty inches.

Name.	Absorption at 30 inches tension.
Air, . . . . .	1
Oxygen gas, . . . . .	1
Nitrogen gas, . . . . .	1
Hydrogen gas, . . . . .	1
Chlorine gas, . . . . .	39
Carbonic oxide gas, . . . . .	90
Nitrous acid gas, . . . . .	355
Marsh gas, . . . . .	403
Sulphurous acid gas, . . . . .	790
Ammoniacal gas, . . . . .	1195

"Thus we see that ammonia, at a tension of one atmosphere, exerts an absorption of at least 1195 times that of the air. If I interpose this metallic screen between the pile and the experimental tube, the needle of the galvanometer will move a little, but so little you fail to perceive it.

"What does this experiment mean? Why that ammonia which within our glass tube is as transparent to light as the air we breathe, is so opaque to the heat radiating from our source, that a plate of metal hardly augments the opacity. I have reason to believe it does not augment it at all, and that the light, transparent gas is really as black at the present moment to the colorific rays as if the experimental tube were filled with ink or any other impervious substance."—*Tyndall on Heat as a Mode of Motion*, pp. 363-364.

In the foregoing somewhat irregular grouping of theories and therapeutic aphorisms and (axioms?), the reader may be reminded of Ezekiel's dry bones in the Valley of Vision, as yet unclothed with the muscles and sinews of demonstrated truths.

What possibilities may exist in the future from analogies within the domain of molecular physics and the philosophy of forces as a unit, remains yet to be revealed.

A fatal case of acute hydrocephalus from injury of the eye was read by Dr. Strong, of Aurora, as follows :

A FATAL CASE OF ACUTE HYDROCEPHALUS FROM INJURY OF THE EYE.

Was called on Sunday, February 23d, about 9 A.M., to see Arthur Morgan, aged eighteen months. Found on my arrival that he had fallen, about fifteen minutes before, out of a rocking-chair, and had run a shoe-buttoner through the lid of the right eye, near the inner canthus, stopping above the supra-orbital ridge over the lachrymal gland. The eye had been pushed outwards, with bulging at the time, but the father having instantly removed the instrument, the eye had returned somewhat to the place, but was still prominent. The lid was very much colored, both upper and under, and around the eye. On trying to raise the lid, there was a protrusion of a mucous membrane, evidently the palpebral conjunctiva. At the time of the accident, they told me, he had stiffened out, with gasping of breath, tongue blue and stiff, body cold, and eyes rolled up. A vigorous and brisk use of camphor spirits revived him, so that when I arrived he was lying on his mother's lap, apparently without much pain. I ordered diluted Arnica to be applied; drew the wound in the lid somewhat together with adhesive plaster, and gave Acon.<sup>200</sup> and Arn.<sup>6</sup>, internally. At the time the instrument was removed there had been a flow of blood, since that very little.

He remained quiet through the day, rather inclined to sleep, and through the night worried but little. On Monday, till toward evening, there appeared to be very little fever. At that time the thermometer touched 103.5°, held in the hand; discoloration extending.

On Tuesday he failed apparently to recognize who was by him; as strangers could sit by and hold his hand, and although he would open his eye and look at them, he made no objection to them. He began to have some stertorous breathing at this time; thermometer 104.5° in the axilla, and pulse between 120 and 130.

On Wednesday sinking. In the evening he had slight spasm, stertorous breathing more frequent; in the intervals he would hold his breath from thirty to sixty seconds. Had given him Opium<sup>200</sup>. Now, lest the spasm might return, gave him Morphia one-eighth grain, and repeated it in two or three hours. Thermometer 105.5°; pulse 150. He had no more spasms, but after midnight he would not swallow anything. He lingered on till Thursday afternoon, and then died in violent efforts to keep the breath in the body.

His head was enlarged so that you could feel the sutures. He never moved his head from the time it was laid on the pillow, Monday morning, till he died. Up to the time of his death he would open his eye, and would make attempts to reach the injured eye. Towards the last the eye bulged



very much, with opening of the lid, and he appeared to become more sensitive to the handling of the eye. At the time of the accident he had vomited and purged. As nourishment, he received panada and farina gruel, with plenty of water. In the beginning, gave him occasionally Bell.<sup>200</sup>, and towards the last, one dose of Hell.<sup>200</sup> The hands had kept more or less in motion up to the time of his death.

He had fallen several times and struck his head. Late in the fall he had pushed over his high chair, and had struck the back of his head on a chair behind him, making an indenture near the occipital ridge. But after a slight spasm and collapse, he rallied up again in the course of a day or two, the treatment being Arn.<sup>6</sup>, internally.

Examination of the eye showed the palpebral conjunctiva to have been entirely separated from the lid, and lying on the ball of the eye, but did not seem to be much congested, either in the palpebral or ocular conjunctivæ. In the inner canthus there were no special marks to show cause for such a sad result. The instrument had evidently punched its way through the lid, and the instant removal had removed the trace of the damage to that part of the eye, as well as saved the child from dying at the moment. Thus ended a case that I would have given all in my power to save.

The Secretary reported the following cases:

#### CYNANCHE TRACHEALIS—LACHESIS.

Three of my children have had inflammatory croup, with more or less fever; hoarse cough during expiration; crying when coughing; dyspnœa and decided aggravation of symptoms at night after sleep. Two of them were subject to frequent attacks, which were characterized by a gradual development of symptoms. They had also had inflammatory rheumatism, and frequently suffered from rheumatism after slight exposure. It is said that, when inflammatory rheumatism occurs in childhood, organic disease of the heart will, in nineteen cases out of twenty, be the result in middle life. One of them had had membranous croup. The ordinary remedies for croup, although generally efficient in these cases, exercised but little, if any influence. But in each instance, Lachesis was followed by immediate convalescence. The first two of these children have now been almost entirely free from both croup and rheumatism for about two years; the third is yet in infancy. The remedy has not only relieved each attack, but it has seemed to gradually remove the predisposition to the disease. Indication for this remedy: decided aggravation of symptoms after sleep and generally after a short nap.

The Secretary reported several cases of croup cured by Lachesis. He also read a paper on "Professional Amenities," which was as follows:

#### PROFESSIONAL AMENITIES—HOMŒOPATHY VINDICATED.

In his valedictory address to a graduating medical class, one of the medical corps of the Syracuse University publicly announces that "no scientist ever embraced the theory of the dreamer, Hahnemann." This

assertion is rather a broad one, and may not deserve notice. But since the allopathic fraternity are disposed to felicitate themselves upon their superior scientific attainments, and sometimes to make odious comparisons, it might be as well to briefly consider their claims to public confidence, and contrast the two rival systems of medicine.

The term scientist signifies one versed in science, and science may be defined as classified knowledge. Several collateral branches of science are embraced in the course of study prescribed in each of these systems. But allopathy is far from being a science. It is chiefly an art of *palliating* disease. It might be defined a system of professional guessing. It may and often does palliate a common cold, chronic nasal catarrh, bilious affections, constipation, &c. But it seldom *cures* even these simple and prevalent complaints, having a reputation for curing self-limiting diseases.

On the other hand, homœopathy is essentially a system of *curative* treatment, as yet imperfect, it is true, but of vigorous development and rapidly approximating the dignity of an exact science. When accurately applied, it cures these diseases, and almost all others, safely, certainly and speedily.

The boasted cures of the old practice are not always good cures, but may be dangerous suppressions of disease.

Allopathic physicians are not generally deficient in mental culture and scientific attainments, but there is a radical defect in their system of practice. Many experienced physicians of this school, reluctantly, if at all, use their own medicines in their own families, and not a few of them abandon the practice in disgust.

Homœopathy embraces its full share of educated and scientific men, who devote their lives to its development. But their wonderful success does not depend so much upon superior natural talents and educational advantages as upon the great excellence of their system.

In the old regime the artificial name of the complaint suggests the general line of tactics to be pursued in every case, whereas in the new, certain peculiar symptoms of each case are indicative of the specific remedy. With scientific accuracy homœopathy determines the curative sphere of each remedy.

While allopathy bravely skirmishes with the effects of disease, homœopathy quietly removes the causes, and the effects take care of themselves.

When people become intelligent on the subject of medicine, as they certainly should, they prefer in sickness not to subdue the vital forces with poisonous drugs, but rather to depend on the inherent healing powers of nature and skilful homœopathic treatment, and by so doing they find that a better recovery is made.

Homœopathy possesses the greatest variety of remedies from which, in any case, to make an appropriate selection. By using single remedies instead of compound, one is enabled to learn their proper application and definite sphere of action. Generally discarding mere palliative treatment, homœopaths prefer curative means. And the little matter of

dose, about which so much ado is made, is settled by intelligent observation and experience. Absolutely unknown outside of homœopathy, are not only many of the most splendid remedies ever vouchsafed to suffering humanity, but also the true curative application of very many of the most familiar drugs. Lachesis may be mentioned as a notable illustration of the former, and nearly the whole *Materia Medica* of the latter. But there is one very remarkable peculiarity pertaining to this system. Some wisacres who have never fairly tested it, appear to know more about its virtues than those who have devoted their lives to its study and investigation.

The following letter was read from Dr. Greenleaf on medical union :

#### MEDICAL UNION.

OWEGO, March 13th, 1873.

H. V. MILLER, M.D.

DEAR DOCTOR: I suppose you have received a number or two of the *Medical Union*. I see that Prof. Lippe speaks of it as an advertising sheet. How true that may be I can't say, but when I come to think of what it proposes to further as its main object and to ponder the salutatory, I must confess I am provoked that there are those in our ranks who know so little of the true genius of homœopathy.

On close investigation I am sure it will be found that all the *live* men—the intelligent and successful practitioners—in the so-called “regular” ranks are daily practicing and experimenting with homœopathic principles, and ever and anon we hear of some wonderful (?) discovery which some *acute* observers have made. These discoveries are, in nearly all cases, appropriations from some clandestine reading of Jahr, or Hempel, or Raue, proved by a bungling imitation of our accurate prescribing. Whilst this is not honest, I am obliged to confess that it is in perfect harmony with the intolerance and bigotry which have characterized that school. Let that be as it may, the result will be the same as if it were honest. In a few years they will become acquainted with the dynamical effects of drugs, and being of their own accord enlightened thus far, we can then trust to their cupidity to teach them how to get from the old plan of treatment into the new with becoming grace and dignity. Thus, if the rank and file of homœopathists wait as they are a few years, the cry for medical union will be hushed in a way which will add to our triumph, as well as accomplish what is desired by every honest physician of any school. At the present it seems to me to be an utter impossibility for the adherents of the two schools to meet in consultation from this very fact, viz.: their wilful ignorance of the dynamical power of drugs. While we acknowledge and understand the mechanical effects of drugs as do they, we go still further. I can best explain by illustration. In a given case an allopathist would use a cathartic where we would rely upon Lyc., Nux, or Sulph. In another where we would use Bell., Glon., or Hyos, they would resort to sinapisms, cathartics, and possibly venesection.

In surgery the difference is the same in kind, but far greater in degree. Many a man would have returned from the army with all his limbs in good condition had Arn., Silicia, Bell., Acon., &c., been used when the knife was the agent, in their hands, by which was brought about the necessity for cork apologies or empty sleeves. In a union *now* we must meet on a middle ground, if such a region can be found, but if we allow “masterly inactivity,” as far as concerns medical union, to be the indication for our course, I can assure you that a decade, at the



farthest, will find them advocating and practicing the same principles as we. Possibly they will claim them as theirs, but that won't alter the fact of the advancement of the medical profession nearly, if not quite, up to our standard.

Let us then carry that standard as far up on the ramparts of our common enemy, disease, as we can, led by the light of science and sustained by faithful and honest union among ourselves.

I am, yours truly,

J. T. GREENLEAF.

DR. CLARY.—In regard to the proposed medical union, we should stand still and await further developments. The subject of counselling with homœopaths has been brought up in several allopathic societies. It was proposed to amend the Constitution of the Allopathic State Society so as to allow members to counsel with homœopaths. But nothing has yet been done. Now, some homœopaths are half crazy for medical union. He was frequently called in counsel with allopaths in regard to the pathology of disease, but not to the treatment. He has counselled also in regard to surgical cases. He has counselled with unlicensed doctors, but he never called them in counsel; would rather relinquish the patient; does not acknowledge such practitioners as physicians.

DR. BOYCE.—How many respirations may a patient have in a minute?

DR. SCHENCK.—An old person had 46 to 48; another 57.

DR. STRONG, in one case of spasmodic colic, counted 120 respirations; patient recovered.

Another leaf from Dr. Schenck's portfolio was presented.

Subject for discussion appointed for next meeting—Phthisis Pulmonalis.

The subject of sustaining the State Society was discussed.

DR. CLARY regretted that so much indifference was manifested. This Society ought to be sustained. But it should elect more delegate members and less permanent members.

DR. WALDO.—Let us manifest an interest in it and attend its sessions. Errors and deficiencies may be corrected.

DR. BOYCE offered some objections to the former administration of the State Society.

DR. CLARY.—We elected Paine Secretary. Though a crude homœopath perhaps, nobody else would act as Secretary, and nobody else was such an indefatigable worker. The superintendent of an insane asylum must have the confidence of the public, and he must be fully qualified for the position.

DR. BIGELOW favored postponing action on this matter until the next meeting. He agreed with Dr. Clary that we ought to attend and support the State Society. Until he learned from Dr. Vincent, he did not know the distinctive relationship of the delegates and of the permanent members to the State Society.

DR. CLARY moved that at our next meeting, our interest in the State Society be considered, and that the Secretary notify the members to this effect. This motion was seconded and adopted.

Adjourned until the 3d of June next.



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No. 12.

CLINICAL CASES.

REPORTED AT THE MEETING OF THE HOMŒOPATHIC  
PHYSICIANS AT DORTMUND, GERMANY, HELD JULY,  
1871, BY DR. STENS, JR.

TRANSLATED BY S. LILIENTHAL, M.D., FROM A. H. Z.

*Cephalalgia*.—A clerk in the post-office, 48 years old, skin of a yellowish-brown, choleric, suffered for several years from severe headache. The pains attack especially the forehead and around the eyes; feel as if they would burst the head; oblige him to lie down, and are aggravated by motion or in the fresh air; warmth and covering up does not relieve (*Silicia*), but are relieved by strong pressure (*Menyanthes*, but recurring when the pressure is removed). These pains sometimes keep on for several weeks, returning every day without showing a fixed type, and return about every six weeks. He also complains of loss of appetite, bitter taste, eructations, waterbrash; region of stomach and liver sensitive to pressure, the liver hard and enlarged; patient cannot lie on right side; stool could only be enforced by injections, when he passed small yellowish-gray balls; urine of a bilious color, with a great deal of mucus; features of a dark yellowish-brown color; tongue thickly coated, tip and edges clear; great thirst and no fever.

Characteristics are, the headache, relieved by pressure, the peculiar stool and the hepatic disorder, all of which find a simile in *Magnesia mur.*, which cured the case in three weeks. Three years have passed and no relapse.

*Melancholia*.—Patient is an artist, 43 years old. For the last ten years (10, 7, 6, 2 years) he had four attacks

of melancholia, and during the last one became an inmate of a lunatic asylum, where he remained for five months. The morbid state was characterized by great anguish of conscience. Every crime, of which he heard or read, he imagined himself to be guilty of. His state was especially aggravated at night, with palpitation of the heart, and he could only be kept by force in his room, and yet he feared to be left alone. He despaired of getting well again, but was of sound mind in every other way.

When Dr. Stens took hold of this fifth attack, he had suffered already for two weeks. He also complained of loss of appetite; his tongue was thickly coated; flatulency and constipation. *R. Arsen.*<sup>3</sup> for ten days, every evening a dose. He steadily progressed mentally as well as bodily, and eight more doses cured him entirely.

(We find under *Arsenicum*: *Periodical* attacks of anguish and restlessness; inability to remain quiet in bed or to sit still; the anguish sets in at night or in the evening at twilight; fixed ideas, that one has offended everybody and cannot live a happy life; excessive fear of death; oppressive and compressive sensation in the pit of the stomach; vomiting of ingesta, as soon as taken, &c.)

*Epilepsy*.—A cabinetmaker, 30 years old, pale and thin, fell ten years ago from a ladder, on his occiput, and laid unconsciously for ten hours; it left a sensation of dullness in his head. Three days afterwards the first epileptic attack set in, returning thenceforward at intervals of five days to six weeks; an exquisite aura went from the hands through the arms to the head, lasting long enough for the patient to retire to bed; unconsciousness then set in, with clonic spasms, beginning in the pale face and radiating over the whole body; the paroxysms usually set in about 9 A.M., an hour or two after rising; after twenty minutes consciousness returned, patient slept then till four in the afternoon, and awoke with a dull headache, sour taste, and a despairing mood; in the intervals patient complains in the morning of hammering, pressing, frontal headache; the sleep is restless and broken; in cold windy weather he suffers from twitchings in the arm and mouth, when retiring into his room these twitchings ceased.

As a child he several times suffered from scrofulous eruptions, which are usual in his whole family; his paternal grandmother, a step brother, and a child of his brother are epileptics.

In consideration of the former scrofulous eruptions, we began the treatment with *Sulphur*<sup>30</sup>, a powder after every paroxysm; the next one appeared after nineteen weeks, but with equal severity. After a second dose of *Sulphur*<sup>30</sup> a weak paroxysm eight weeks afterwards; after a third dose of *Sulphur* eighteen months have passed. The symptom he suffered from the longest was twitchings in the fresh air. About six months ago his headache returned, but soon disappeared after *Sulphur*.

A well-proportioned, rosy-cheeked young woman, suddenly fell down in an epileptic fit. Unconsciousness, with tonic and clonic spasms, lasting for ten or fifteen minutes, followed by comatose sleep, lasting thirty hours; during sleep her face was of a deep red color. She complained of headache and constipation for several days, during which her appetite was normal.

Six weeks afterwards a second fit; after four weeks a third, and then regularly every third week. No complaint during the interval; no hereditary disposition. On account of the deep coldness of the face and the constipation, *Opium*<sup>9</sup>, a dose every night for two weeks. After nine weeks the next fit, caused by a fright, but weak, so that she was able to work after two hours. Since then no more fits.

Two scrofulous children suffered from epileptic fits, sometimes twenty a day. *Sulphur*<sup>400</sup>, one dose, reduced the paroxysm, so that after six weeks they remained entirely away.

Dr. Hendricks. *Ophthalmia rheumatica*.—There is one kind, where the bones around the eye, especially the frontal bone, is affected. The periosteum swells, the cornea loses its lustre, exfoliates, and after its destruction the humors of the eye run out. *Ilex aquifolia* is the only similitum to such a complexity; *Acon.*, *Bell.*, *Merc.*, *Puls.*, *Sulph.* have been tried and totally failed.

The green plant of *Ilex aquifolia* has to be gathered in June, root and plant cut in small pieces, and part of it macerated in alcohol (95 per cent.), the other in *Aq. destil.* Mix the two together. *Vox populi* praises this plant in gout.



## CLINICAL CASES.

By WILLIAM D. HALL, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

*Uterine Hemorrhage and Abortion.*—Mrs. G., æt. 40, full plethoric habit, had at the fifth month of pregnancy taken drugs to produce abortion. The fœtus came away at daylight, after which the woman got up and prepared breakfast, experiencing no unpleasant effect, except that of a painful, bloated feeling in the region of the uterus, which appeared much larger to her than before the abortion. There was *no flow whatever* after the fœtus came away, but *very profuse all night before*. The husband, ignorant of the state of affairs, found her at 10 A.M. on the sofa, pale, cold, and speechless. I, being the nearest physician, was called to the case. Found the abdomen very much enlarged, and presented the appearance of a woman in the last stage of pregnancy. Suspicious of an abortion, I proposed, and finally insisted on, an examination, to which the woman by signs objected. Learning from the husband that she had had a great deal of flow, accompanied by great pain, during the after part of the night, I gave her one dose of China 2°, dry on the tongue, which soon gave so marked relief that I did not call until four hours later, when I found my patient up and performing some light housework. The bloated condition of the abdomen had entirely disappeared. She said that she had “a very profuse hemorrhage, which set in soon after taking the medicine, which lasted two hours, and this took away the swelling.” I learned that as soon as the fœtus escaped she had placed ice over the region of the uterus “to prevent flow.” This doubtless caused what is known as the “hour-glass contraction.” In the case but the one dose, China 2° (Jenichen) was used.

*Uterine Hemorrhage consequent on Change of Life.*—Mrs. B., æt. 45, change of life. This case is reported for the purpose of showing the susceptibility of the patient to drugs. I was called several times in consultation, and never saw a more marked case indicating the homœopathic remedy, and yet causing so much annoyance to the attending physician.

The hemorrhage came on very suddenly, while sitting on a chair combing a child's hair, and before the patient



was aware of the fact, had run through the cushion on which she sat to the floor.

Her symptoms were: Great pressing, as if everything would come out of the vulva; face and eyes red and flushed; much throbbing of the carotids; head hot; pain in the back; discharge feels hot and smells badly, partly fluid and partly clotted. Belladonna was the remedy; four drops in a tumbler of water, a teaspoonful every two hours, the prescription. Two days after was again called to see the patient, in whom no change for the better, but for the worse had taken place; symptoms precisely the same, but all more aggravated. Continued Bell. Three days after was again called; the patient was now completely prostrated, yet Belladonna was the remedy, not a single symptom to counterindicate this remedy. Thinking the case was one of medicinal aggravation, I prepared one drop of Bell. in a tumbler of water, a dessertspoonful every two hours. The result was magical: in less than twelve hours the profuse hemorrhage ceased and the case rapidly improved, so that in a week's time the patient was again at her household duties.

I have since learned that this patient cannot take the ordinary dose in any disease, as it causes the greatest aggravation of the symptoms.

*Ulceration of the Right Inferior Molar.*—Maggie L., æt. 10, from running in the snow and getting her feet wet, took a violent cold, resulting in ulceration of the right inferior lateral molar, which contained a slight cavity. The pain was so great that the little patient had no sleep day or night for forty-eight hours.

She obtained marked relief from holding hot water in the mouth, by keeping the painful side of the face as near a hot stove as possible, or by keeping warm towels pressed against the cheek. Angry and very irritable. Here was marked relief from heat, and recollecting a symptom laid down by Prof. Hering, in Gross's Comparative Materia Medica, "*the toothache makes him angry*," I prescribed Arsenicum album 1  $\frac{1}{100}$  every fifteen minutes. After taking two powders, the pains ceased entirely. A few days after the tooth, on being extracted, showed signs of extensive ulceration.

This case, although comparatively trifling, made converts of the family, persons of unusual intelligence, to homœopathy.

CLINICAL OBSERVATIONS ON CERTAIN  
REMEDIES.

BY W. M. WILLIAMSON, M.D.

(Read before the Homeopathic Medical Society of Pennsylvania.)

- LAUROCERASUS: In whooping-cough, spasmodic cough, of a whistling sound in the latter stages, without expectoration of mucus.
- GRAPHITES: Brown, thin stools, mixed with undigested food, exceedingly fetid odor.
- VERATRUM VIRIDE: In convulsions, after scarlet fever, great dilatation of the pupils; a marked symptom of the case was inability to sleep.
- COLOCYNTHIS: Intense burning the entire length of the urethra during stool.
- STRAMONIUM: Discharge at the menstrual period very watery.
- NATRUM MURIATICUM: Rapid emaciation of children, in diarrhœa of warm weather.
- LEPTANDRA VIRGINICA: Gripping pains in the large intestines after stool, without tenesmus.
- KALMIA LATIFOLIA: Wandering rheumatic pains in the region of the heart.
- COLCHICUM: Bad taste, after losing rest; melancholy, drowsiness, but cannot sleep, mind too active.
- SANGUINARIA CAN.: Whooping-cough, worse at night, with diarrhœa.
- IGNATIA AMARA: Hollow spasmodic cough, worse in the evening, with but little expectoration, leaving pain in the trachea.
- CISTUS CANADENSIS: Vesicular erysipelas of the face.
- AURUM MUR.: Deep cracks in the alæ nasi, in old cases of ozæna.
- EUPATORIUM PER.: Cracks in the corners of the mouth, yellow-coated tongue, thirst.
- VERATRUM VIRIDE: Menstrual colic, before the appearance of this discharge, with strangury.
- DIGITALIS: Constant desire to urinate, passing only a small quantity of pale-colored water, without affording any relief.
- NUX MOSCHATA: Hysteria, accompanied with strangury.
- COLLINSONIA CAN.: Hæmorrhoids make their appearance while suffering from an attack of diarrhœa.
- HYDRASTIS CAN.: Sore mouth of nursing woman; tongue large, and retains the impression made by the teeth.

AMMONIUM CARB.: Ozaena, discharge of blood and mucus (thick) in the morning; stopped up at night; cannot breathe through it.

RUMEX CRISPUS: Dry, incessant, tickling cough, with alteration of the voice.

## A CURIOUS CASE.

BY C. A. STEVENS, M. D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

On Tuesday, January 14, 1873, I was called to see Robert A. Hall, aged 35; nervous, bilious temperament. Found him lying on the lounge; apparently unconscious, but writhing, and expressing extreme suffering by the contortions of his face. About ten minutes before I saw him  $\frac{1}{4}$  gr. of morphine had been administered by an old school physician, who had been summoned by the neighbors. The patient had been subject to attacks of bilious headache all his life. After getting him into bed I administered Belladonna, which seemed to give him considerable relief. In about half an hour he began to be sick at the stomach, and threw off some brandy, which had been given by an attendant when he was first taken, about an hour before. In about thirty minutes after throwing off the brandy he again vomited and threw off some green canned corn, which he had eaten for dinner. In about an hour he threw off still more corn, after which he rested tolerably well through the night.

On Wednesday morning, about eight o'clock, I roused him out of his semi-stupor. He seemed quite bewildered, and thought himself at a hotel in Hartford, Connecticut, where, about five years before, he had nursed a very sick brother. I asked him if he would not like some breakfast, and he said:

"Yes; tell George to tell the cook to prepare me some, such as he used to do for my brother."

I told him I thought I would have his wife prepare it. He said it was a great outrage to have his wife go into the kitchen of such a hotel to prepare his breakfast. He did not recognize me, though I had been his family physician for the past two years. His wife he knew, and she was the only one of the family he did at this time recognize. He complained of great pain—first in his back across



the loins, then in the back of his head (occiput), then in the forehead, changing from one to the other, but feeling it in but one of the locations at a time.

I gave him a cup of coffee as an antidote to the morphine, and some toast, which he said he relished. After eating he got up for a short time. I gave him *Nux vomica* 12, and saw him again at eleven o'clock. I found him complaining of great pain in the back, saying his back was broken. I administered an enema of tepid water, which soon passed off and seemed to afford him great relief, for he rested quietly some hours. He rested pretty well through the night under an occasional dose of *Belladonna*. All this time he recognizes no one of the acquaintances which he has made during his residence in Scranton (about two and a half years); does not know that he has a store in the place (he is a bookseller), and does not recognize his partner or clerks. He has had two children born since he came to Scranton, and built him a house, in which he lives, and knows nothing about them. He has one little daughter about five years old, and he says she has grown very much. As he recollects her she was about two years old. All the neighbors who see him, have to be introduced to him. In May, 1870, while he was living at Elmira, N. Y., he received a very severe blow upon the top of the head, which knocked him down, and in falling he struck on the back of the head, giving that a severe contusion. From the effects of the injury he was for a time unconscious, but soon after became conscious, and nothing further was noticed resulting from it. Now, everything previous to that time is perfectly remembered; but from that time to the 15th of January, 1873, all is a perfect blank to him. Everything that has transpired in that time is entirely wiped out of his memory. He says his mind never was so clear as now, and it is astonishing how perfectly he retains all that is told him, and all that he reads in the papers.

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## SURGICAL CASES.

BY MALCOLM MACFARLAN, M.D.

(Read before the Homœopathic Medical Society of Pennsylvania.)

*Epithelioma of the Tongue.*—Nov. 11th, 1872, I was called to see Mr. David M——, a naturally stout gentle-



man, 58 years of age, living in the upper part of this city, who gave me the following history. About the middle of last August, a little hard spot, like a shot, made its appearance at the centre of the right side of the tongue; its growth was rapid and slight ulceration was soon noticed. The family physician was called about the 15th of September, cauterized its surface, and gave at once, to be taken thrice a day, large doses of iodide of potassium, using the caustic every other day. No improvement taking place, but the case getting worse, on consultation with a prominent surgeon, the physician's diagnosis of cancer was confirmed, corrosive sublimate added to the iodide, and the doses increased. To the foul ulcer was applied acid nitrate of mercury, at every application of which the patient suffered indescribable agony, and finally it was abandoned, the patient preferring to die rather than endure the subsequent feeling of suffocation caused by some portions of the acid getting into the air-passages, compelling him to roll about on the floor and act like one dying from croup. Another surgeon was consulted who used carbolic acid and glycerin locally, and prescribed arsenic pills internally. The carbolic acid did no good, and the arsenic was discontinued from fear of it, and he went back to the iodide, which he had been taking for two weeks previous to my visit. I found him confined to bed, very weak, tremulous, saliva pouring out of his mouth, gums spongy and blue, glands of his neck enlarged, suffering great pain of a sharp pricking kind radiating from the sore, movements of the tongue much impaired, and speaks in a whisper with great difficulty. The ulceration was not deep, but over a large surface of the side of the tongue, having hard, irregular edges, discharging freely, and the substance of the organ indurated and enlarged. He was unable to swallow any solids, and liquids with difficulty, a few drops, at every effort, getting into his larynx, causing violent coughing and preventing swallowing in any quantity.

He had made his will, both himself and family looking for a speedy death. Agreeing as to the diagnosis of cancer, I gave him Nitric Acid  $c^m$ , in water, to be taken every half hour. The medicine or as much as possible was taken night and day. On the third day marked improvement set in. Salivation had ceased, strangling on swallowing liquids did not occur so often, and he felt generally better. On the 15th November, or in four days, he dressed and ate a hearty supper, swallowing alike liquids and solids with no trouble. In ten days he was driving about alone in his carriage and able to attend to business.

And, although some ulceration remains, the man is hopeful, and is now taking the medicine every two hours. This case has created a marked impression among his friends and former physicians. My own impression is that the Nitric Acid antidoted the mercurialization and effects of the iodide from which he was mainly suffering and brought to death's door, and no treatment whatever at the time of my visit would have produced a very favorable change. The ulcer now, although much reduced in size, has all the appearance and concomitants of epithelioma, and at present gives him little inconvenience. Unless mistaken in the diagnosis it will eventually prove fatal. Surgically little can be done for this malady; the patient generally dies in a year or so. It is more common with men than women, usually attacking those past middle life, and in its early stages is difficult to distinguish from syphilis or abuse of mercury. When the disease is advanced, the diagnosis is easy, from the cachexia and glandular sympathy. In operating it is better to remove the whole or part of the tongue by the *écraseur* than the ligature or knife. For relief of pain the gustatory nerve has been divided by a superficial incision just behind the ramus of the jaw at its inferior portion.

*Varicoccle.—Cure by an improved method.* January 3d, 1873, I. Franklin S——, aged 23, of Camden, N. J., presented himself, with the following history. Since early

youth or puberty he has noticed that his left testicle was much larger and longer than the right, its upper surface thickened, and has been gradually increasing in size up to the present time. The scrotum feels as if it contained a bundle of slippery worms, and is always covered with a peculiar odorous moisture. He complains of a dragging dull pain with weight running along the cord to the small of the back. His mind is anxious and gloomy, and he fears he will become impotent.

Agreeing to an operation before the class, I directed him to stand up, and carefully separating the vas deferens, holding it well to the inside and gathering the veins to the outside, I pushed a needle with a double ligature between them and brought it out through the scrotum behind. Allowing the ligature to slack within the scrotum, I re-entered it where it emerged, and passed the needle to the *outside* of the veins, completely encircling them, and bringing it out at point of entrance. I had then a subcutaneous loop around the bundle of veins which I tied tightly, leaving both ends out, but letting the knot slip into the scrotum, which I had enveloped in a warm poultice, and gave him Belladonna because of the tendency of the testicle to inflammation.

I kept the man at the hospital till next morning, when he took the cars for home, not being confined to bed for an hour. He was simply kept quiet at home. On the fifth day I cut away the ligature, and in ten days he was shown to the class perfectly cured of his large varicocele. As this was the first case I had operated on by this method I was surprised at its good result. It presents new points in subcutaneous ligation, doing away with the button, transfixion needle, or double ligature, lessening thereby the inflammation and danger. Little pain is experienced. Confinement to bed may not be necessary, and recovery is rapid.

Catgut makes the best ligature. The loop around the veins need not be cut, as it is subsequently dissolved and



absorbed. Varicocele occurs almost exclusively on the left side, many surgeons in lifelong practice never having seen it on the right. The reasons given, although considered by some unsatisfactory, are that the left spermatic vein is longer than the right, and is unprovided with a valve where it enters the renal at right angles, the right having a valve, and entering the vena cava obliquely to the current of blood. The disease is often seen in members of the same family, showing a constitutional tendency. It is seen in boys at puberty.

There are at present two general methods of operating; one, by incising the scrotum opposite the cord, by a vertical cut, tying the veins above and below, and division of the septum. The other is, subcutaneous ligation by various methods; in some cases using two ligatures, one with its loop thrown over a needle passed within the veins and secured.

The first plan has caused death by phlebitis, erysipelas, and gangrene, while subcutaneous ligation is comparatively safe. The diagnosis of this affection is not difficult. The characteristic feeling of worms serves to distinguish it from the elasticity of hydrocele, the solidity or firmness of sarcocele, and the doughy touch of hernia. If omentum is present, it is reduced while the patient is on his back, and on standing, while the surgeon is pressing over the ring, there is no return of the swelling, which would not be the case with varicocele.

*Neuroma of the Stump.*—December 24th, 1872, Dr. J. Wesley Allen, of Altoona, Pa., sent me Henry L. Boyles, aged 50, who had suffered four years ago amputation of the left arm at its middle third, for a fearful laceration received while inspecting cars at that place. The amputation was done in a proper manner, but for some unknown reason he had osteo-myelitis as a primary affection of the bone. Recovering, and as the soft parts had healed, he felt little or no inconvenience for many months, but



eventually the tissues covering the stump became so sensitive that slight pressure was painful.

When I saw him, he was unable to attend to business because of the pain, which was aggravated by changes of temperature or weather, but brought on and accompanied by the most annoying of all his troubles, the involuntary jerking backwards and forwards of the stump. At one effort it would be thrown backward against the scapula, at another forward on the chest. Spasm of the stump is frequently noticed within a few days after an amputation, but violent muscular contraction like this is rare. The patient's health had greatly suffered, and his troubles were gradually increasing; he became thin and exhausted. I re-amputated at the shoulder, leaving two inches of the humerus, and sawing through sound bone. On dissection of the part removed, the cause of the neuralgia was found in the large bulbs or neuroma at the extremity of nerves. The bone was affected with caries or hollowed out, soft, could be crushed or broken down with the finger. No evidence of marrow or endostium, but in its place a soft reddish substance. The stump did not twitch once or was painful after the operation, which was high enough up to remove the nervous tumors. He took the cars for Altoona in ten days.

*Multilocular Ovarian Tumor.*—December 5th, 1872, I successfully removed a tumor of this character from Mrs. Muhly, No. 1431 South Second St., a patient of Dr. C. W. Gessler, by the long abdominal incision. The tumor contained a countless number of sacs having fluids of various consistence and colors, some like boiled starch, others like coffee, blood, thick molasses, or thin serum, made by degenerated Graafian follicles and ovarian stroma. The walls were thick and firmly attached to the surrounding structures and viscera, from which they had to be peeled. I used Wells's clamp to secure the pedicle, and employed a number of internal sutures to secure vessels as well, al-

lowing them to remain and be absorbed, and cutting away a considerable portion of adherent omentum.

I removed twenty-three quarts of fluids, and eight pounds of solid matter. The clamp was removed on the eighth day, and the woman was about in three weeks. She is now perfectly well, healed, and doing her housework. She is getting quite fat.

**NORMAL OVARIOTOMY.**—The *Medical and Surgical Reporter* learns from a correspondent in Georgia that Dr. Battey's extirpation of the normal ovaries is a failure. The menstrual molimen and sanguineous discharge, with great suffering, still occur monthly.

**SYRINGING THE EARS.**—There is a skilful and unskilful way of doing this. The auricle should be drawn upwards between the two fingers of the left hand, so as to put the whole meatus as far as possible in a straight line, and the nozzle of the syringe should be kept in close contact with the roof of the meatus. If the secretion is hard, it should be softened by a little warm water poured in a few nights previously.

## EDITORIAL NOTES.

"AN ESSAY ON THUNDER AND SMALL BEER."\*—*QUID RIDES?* It is no laughing matter, this travelling of tobacco or any other drug in such "goodly companie." Behold certain high-toned medical journals of professedly advanced tendencies and promising reformatory proclivities for the body—and for the tail! The announcements of all manner of "*Cincho-Quinines*," "*Iodoforms*," "*Elixirs*," "*Bitters*," "*Fluid Extracts*," *et id omne genus!* *O Tempora, O Mores!* What a kite and what a bob! Homœopathy the progressive and Allopathy the conservative! Journeying to the promised land, it is apparently necessary not to forget the fleshpots of Egypt; so we take them along with us, conveniently arranged in the rear along with the baggage. How fraternal the opponents; how delightful the "Union," and how well illustrated the doctrine of correspondencies, videlicet, the *law of similars*. Aforetime the "sugar-coated pills" have responded to the homœopathic globules; already the little "granules" and minuter "dragees" answer to the infinitesimal pellets. But a new thing caps the climax,—the "*SANDAL-WOOD-OIL CAPSULES*." The royal puzzle of the apple and the dumpling is re-presented, *ad captandum vulgus*; and homœopathy holds out the right hand of fellowship.

\* Advertisements. Am. Journal of Hom. Mat. Med., &c.

" Am. Hom. Observer, et al.

Do you ask, O reader, which is the "thunder" and which the "small beer"?

Then listen to the editorial voice,

"Let me but whisper in your ear

The secret of this mundane sphere,—

'You pay your money and you take your choice.'"

"Go it husband, go it bear," exclaimed the benevolent old lady whose conjugal partner grappled with pugnacious bruin; and when our journalistic sham-fight is over, "the lion and the lamb shall lie down together," and the lamb shall be inside the lion! For homœopathy thus constantly sold out in supplementary journalistic advertising sheets, and betrayed betimes in puffs and other editorial notices and devices, is like the lamb led to the slaughter. It is written, indeed, that "His pet lambs shall meet him on the way," but the knowledge is not withheld that

"The cat doth play,

And after slay."

*Timeo Danaos et dona ferentes*, the honest old Roman said, many years ago, and the event proved the prophetic wisdom of his apprehensions. But these medical captains of the new school welcome with outstretched arms the Greeks fruitful in advertising cash. These leaders' pockets jingle with the enemy's gold. A solemn warning should be drawn by them from the melancholy experience of the late Congress, many of whose members had transferred their allegiance from their country to the "Credit Mobilier" and received the cash therefor *unknown to themselves*.

Allons donc! Vive l'ombug! Let neither editors nor publishers, therefore, refrain from "spoiling the Egyptians" as much as possible *now*; for allopathy, having purchased our journals with advertisements and demoralized our practitioners with nostrums, shall crow lustily over the downfall of homœopathy, and there will be no need to inquire which is the thunder and which the small beer.

THE GALAXY PUBLISHING COMPANY'S PUBLICATION.—The editorial pen has often been taken from better work to answer queries respecting the "Biographical Cyclopædia of Homœopathic Physicians and Surgeons" and its publishers. Within the past three or four months necessity has compelled a rigid abstaining from all such correspondence, and numerous inquisitorial letters have accumulated in consequence. We shall now endeavor to answer these in the lump.

1. The publication above mentioned is not in any way controlled by any person connected professionally with the homœopathic school in this country. It is simply a speculation, intended to make as much money for its projectors as possible.

2. S. George, the President, and James M. Ferguson, the Secretary and Treasurer of the company, constitute the well-known, highly respectable, and in every way responsible firm of Silas George & Co., one of the largest stereotyping and printing establishments in Philadelphia.

Their connection with it is in a great measure a guarantee of good faith. E. Cleve is the projector of the enterprise and manager.

3. The "efficient corps of writers" consists of a single literary man, of great ability, whose duty it is to "boil down" and "write up" the biographical sketches furnished him. He is a *corpus*, but alone will not make up a *corps*.

4. Every homœopathic physician, or those claiming to be such, whose name and address could be got, has been solicited to furnish a sketch. Thus Thomas, Richard, and Henry will appear with their own paint well laid on. At the same time the book will contain very interesting and very valuable biographical sketches of many men who are deservedly eminent in the profession, and whose "lives" are worthy of being recorded. Thus, those who "go in" will find themselves in good company as well as in some not so good.

5. We regard such a publication as perfectly legitimate, even when undertaken for no higher motive than that of making money. At the same time the work should have been carefully edited and pruned by some competent person, and thus prevented becoming in a measure absurd.

6. The subscription price (\$15?) is entirely too high. Five dollars would be nearer the proper mark.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—We present our readers in this number with a sketch of the late session of the Institute held in Cleveland. It was in every sense of the word a working session. Many excellent papers were presented, and much valuable discussion was elicited. We have made an effort to give the pith of the discussions, that the good things may be gathered at once. And that all may enjoy these good things, our brethren of the press have been furnished with advanced proofs for their and their readers' use. Last year, when this thing was done, we were—limitedly—smitten on one cheek, and now, in the spirit of Christian charity, we turn the other also.

The session was an unusually harmonious one. Good Bureau appointments for the present year were made, and every indication was given that the Bureaus would do their work better than ever before. The "presentation of a single subject for discussion" by each Bureau will no doubt work more smoothly at the next session than at the last. We predict that the meeting at Niagara Falls will show the best working session the Institute has ever had.

#### NECROLOGICAL.

DR. W. R. POWER, one of the older homœopathic practitioners of this country, died recently, at his residence in Philadelphia. Dr. Power was born in Williamsport, Pa., in 1799, graduating at the University of Pennsylvania in 1819. After graduating he practiced in his native place until 1840, when he removed to Philadelphia. He embraced homœopathy, and began its practice in 1849. He proved *Vaccinum* in 1852, and pub



lished the results of his experiments in the Philadelphia Journal of Homeopathy, vol. i, p. 493. He practiced for several years in Norristown, Pa., and again returned to Philadelphia, where he remained until his death.

DR. DAVID JAMES departed this life on the 6th of June last, at his residence in Philadelphia. He was born in Radnor Township, Montgomery Co., Pa., March 14th, 1815. He studied medicine and surgery with his father, Dr. Isaac James, who is still living at the advanced age of nearly 96 years, and Dr. George McClellan, the distinguished surgeon, and graduated at the Jefferson Medical College. He commenced the practice of homeopathy about the year 1848, at a time when to do so was almost equivalent to sacrificing the respect of friends and the confidence of patients. But Dr. James, through his sterling character as a man, and his sound judgment, good sense, and skill as a physician, had inspired a confidence in him which could not be shaken, and he soon found his practice and his reputation as a skilful physician increasing. He removed to Philadelphia upwards of fifteen years ago, and soon entered into a large and lucrative practice. He died after a comparatively brief illness, from heart disease. Dr. James was a sterling man in every sense of the word, and one who was held in high esteem by all who knew him. It will be seen by reference to the reports of the meetings of the American Institute of Homeopathy and the Philadelphia Homeopathic Medical Society that action was taken in regard to his death. A memorial will be prepared, and read before the Philadelphia Medical Society, and printed in this journal. Dr. David James was the father of Drs. Bushrod W. and John E. James of Philadelphia.

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## PHILADELPHIA HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY R. J. MCCLATCHEY, M.D., SECRETARY.

A MEETING of the Society was held at the College building on Thursday, June 19th, the Vice-President, Dr. John C. Morgan, in the chair.

Dr. MORGAN stated that the chief object in calling the Society together was to take action in relation to the decease of Dr. David James, a member of the Society.

Dr. PEMBERTON DUDLEY presented the following preamble and resolutions as expressive of the feeling of the Society :

WHEREAS, The great Master-Physician has called away his servant David James, M.D., from a life of labor and self-denial to a life of rest and reward, therefore,

*Resolved*, That we regard the loss of our venerable fellow-member as a serious one, both to the medical profession and to the community. Unyielding, yet self-sacrificing, in his advocacy of the truth of homeopathy ; kind, yet firm and skilful, as a physician ; devoted as a Christian, and faithful as a friend, he combined in himself qualities which endeared him to all as a true man and a true physician.

*Resolved*, That mourning his loss as professional brethren and friends, we offer our condolence to those who stand towards him in a nearer and more sacred relation, and sympathize with his family who have thus been "divided by the narrow stream" from a loved husband and honored father.

*Resolved*, That a committee be appointed to prepare a memorial sketch of the life of the deceased and report at the September meeting of this Society.

DR. DUDLEY said: In presenting these resolutions I cannot but feel that they are entirely inadequate to express the emotions which all of us must feel at the loss of such a man as Dr. James. My knowledge of him goes back to the earliest recollections of my childhood, and from that early time he has been to me physician, preceptor, friend. My boyish conceptions of him made him the impersonation of all that was good and noble in the man, and all that was faithful and learned and skilful in the physician, so that he became my *ideal* of what a physician should be. And the lapse of years and the knowledge of new men and new characters have not served to lower the lofty estimation in which I then held him.

So far as I can now remember, Dr. James must have commenced the practice of homœopathy about 1844 or 1846; accepting the new truths of medicine at the risk of a business prospect, acquired only by long years of faithful toil, he was not long in changing what at first had been an experiment into a brilliant success. He must be regarded as the pioneer of homœopathy in the contiguous portions of Philadelphia, Bucks, and Montgomery Counties, over a territory of perhaps a hundred square miles, and there as here, his good influence is felt to-day; and there as here his death will be sincerely mourned.

THE SECRETARY said it had not been his good fortune to have an intimate acquaintance with Dr. David James for so long a period as his friend Dr. Dudley, although he had known him well for several years. He used the term "good fortune" advisedly, for he regarded it as a piece of great good fortune for a young man to have the advantage of such precepts and such an example as were furnished by Dr. James. He could readily understand, too, how a more intimate knowledge of the character of the deceased fellow-member developed a constantly increasing respect and love for him. He had never known any one who had a more abiding faith in the Christian religion, nor who trusted so entirely to the Saviour. As one of his attending physicians, one who saw him in the hours of his greatest distress and suffering—and they were many—it was his pleasure and his privilege to testify to his character as a man and as a Christian. He was truly an example of cheerfulness under suffering—a cheerfulness due to his natural disposition to a great extent, but largely founded, too, upon his religious trust—such as it was rare to witness. Death was to him but the commencement of life, and he bore the overshadowings of the valley of death as but the gloom which preceded his entrance into the realms of light.

DR. J. C. MORGAN said he had always heard Dr. James spoken of as

an example of Christian piety, and it was a great pleasure to him to hear his attending physician testify that his faith had borne him safely through to the end of life. He thought Dr. James was a man of real worth, and one who was sincerely mourned by those who knew him.

The preamble and resolutions were then adopted by a standing vote.

The chair appointed the Secretary and Dr. Dudley a committee to prepare a Memorial of the late Dr. James, to be read before the Society at the September meeting.

THE SECRETARY then read a paper prepared by Dr. J. H. P. Frost, being an account of several cases of psychological disease occurring in his practice. (See *N. E. Med. Gazette*, June.)

DR. MORGAN related a case in which, among other symptoms, the patient complained that she was "burning up inside." He gave Capsicum with complete relief of the symptom. He gave Capsicum the preference over Arsenicum for this burning, whether it be in the abdomen, the throat, stomach, or elsewhere. Also in cough with burning in the larynx and throat.

DR. DUDLEY, referring to Dr. Frost's use of *Veratrum alb.*, asked what were the symptoms indicating its use. He did not know that *Verat.* had many mental symptoms.

THE SECRETARY said there was an abundance of mental and moral symptoms referable to *Verat. alb.* It is the "Hellebore" of the ancients, and very much has been written of its effects upon the mind.

DR. MORGAN said there must be a great deal of experience in the treatment of these psychological diseases by homœopathic practitioners that required writing up, and he hoped it would be brought out soon. He asked what was to be done with an insane person who would not take medicine.

DR. GARDINER related how Dr. Kitchen medicated the water which the patient drank (the only thing he would take).

DR. MORGAN related a case under the care of Dr. Hering in which, after giving the woman several medicines, she was allowed to drink copiously of coffee, of which she was very fond, and she got well.

DR. DUDLEY related a case of acute mania occurring in a man eighty-eight years old, and asked whether insanity was a disease of old age.

THE SECRETARY said it belonged rather to youth and the full flower of life.

DR. DUDLEY made a report on behalf of the delegate to the American Institute of Homœopathy.

THE SECRETARY spoke of the importance of having good practical papers read before the Society, and hoped the fall and winter meetings would bring forth many such. Upon being asked about subjects, he said he knew of no disease requiring more thorough ventilation by practical men than gonorrhœa, syphilis, and the uterine diseases.

The Society then adjourned to meet on the second Tuesday in September, unless called together sooner by the Secretary.



## AMERICAN INSTITUTE OF HOMŒOPATHY. TWENTY-SIXTH SESSION.

### FIRST DAY—MORNING SESSION.

THE American Institute of Homœopathy convened in its twenty-sixth session, in College Hall, Cleveland, Ohio, on Tuesday, June 3d, 1873; the session lasting four days. The Institute was called to order at 10 o'clock, A.M., by the President, Prof. A. E. Small, of Chicago. The Rev. Dr. Baker, of Cleveland, offered prayer. Prof. J. C. Sanders, of Cleveland, then delivered an eloquent *Address of Welcome*, which was received with applause.

The President then delivered the *Opening Address*. We have not space for the publication of this address entire, and to make extracts from it is but to mar its general excellence as a whole. Nevertheless we present the following points as worthy of special attention, as they refer to Medical Education, to Medical Literature, and especially to Periodical Literature.

### MEDICAL EDUCATION.

What has been accomplished during the last year in this respect, and what remains to be done? We are proud of the step taken by the American Institute at its session of 1870 in Chicago, in recommending our colleges to adopt the regulation of a graded course of three years, for students, before passing them as candidates for the doctorate. This plan, to some extent, has been adopted and carried out successfully by several of our colleges, and yet to render the graded course still farther efficient in elevating the standard of medical education, we need something more than the junior, middle, and senior courses of six months each. What ought we to do about it? Is it not within the province of this body to recommend a uniform standard of preliminary attainments, preparatory to entering the junior course? Is it not the duty of our colleges to adopt this rule, to insist upon its observance, and to so announce it? It is also incumbent on us to recommend and urge upon students the necessity of attaining to a certain standard of preliminary education in order to be admitted on examination to the junior course of any of our legalized medical schools; and in fact to make it imperative on the part of the schools themselves, to insist upon the observance of this regulation, and let each provide a board of examiners before which all students shall pass, before entering the college courses. Should this proposition be universally favored, and uniformly adopted by our schools, our profession would cease to be disgraced by ignorant, illiterate, and uneducated adventurers, who always seek the easiest and shortest road to get a diploma.

### OUR LITERATURE AND BOOKS.

In a country of so vast an extent as ours the periodical literature keeps up a bond of union and interest between isolated districts. The progress made in this department accords well with the times. Two quarterly and several monthly journals are constantly gathering up the



fruits of observation and research, while others advocating private interests circulate a knowledge of homœopathy and items of intelligence from shore to shore.

The power of the press is everywhere revealed, and in the service of truth it builds up human interests. It should never be the willing generator of puerile strife, but the propagator of noble principles. In medicine it should be the channel of truth, new discovery, and practical observations. A medical journal is out of its legitimate sphere when it becomes the propagator of doctors' quarrels, throwing broadcast personal invectives, dogmatic implications, and insinuations of a personal nature. The press, when controlled by men of doubtful integrity, often proves a source of corruption, but when governed by good and true principles, it exerts a wholesome influence. When engaged in the cause of medicine, or in behalf of human health, its standpoint should be sufficiently elevated and pure to send forth as from a fountain, refreshing streams to invigorate the careworn faculties of those engaged in professional life.

It is the duty of an editor, while in the advocacy of any cause, to cherish liberal sentiments, and not be invidious or dogmatic in criticisms, while it is his privilege to indulge in wholesome review, to point out errors, and hold them up in the light of truth. It is not for him to mar the work by going off in side issues, a few malicious flings, a needless exaggeration and perversion; for it betokens a littleness of soul and a want of manly honor, which, to say the least, is sometimes humiliating in our medical journals. What then should be expected of our periodical literature? It will not be extravagant or exacting to expect that it will be the medium of conveying periodically to its patrons the latest achievements of science and art in medicine and surgery—the latest record of scientific discovery, of material, medical, and clinical experience. It should be the repository of reliable intelligence concerning climates, watering-places, and retreats for invalids suffering in body or mind. It should contain well-written and exhaustive essays on the treatment of specific diseases, epidemics and endemics, and the best means of guarding against them. It should discuss the sources of malaria as well as the lethal intrusions upon the wings of the wind. It should interest itself in general sanitary measures, scan the sewerage and drainage of cities, point out what is defective, and how to remedy it, give explicit directions concerning the effects of pure water and other elements of hygiene in promoting the longevity of the human race; and while our periodical literature occupies this field,

#### OUR GENERAL LITERATURE AND BOOKS

merit a passing notice. Every physician requires a library, to be increased as his interest ripens in professional knowledge. Already something creditable has been accomplished in the way of books; but more is needed. Exhaustive treatises upon one or more branches have been published: other works are needed to show the application of homœopathy to surgery; to diseases of the eye and ear; diseases of the lungs, heart, and chest, alimentary and glandular systems, and the tegumentary tis-

sues, nerves, nerve-centres, &c. We want at least a hundred volumes, of full library size, which shall be exhaustive treatises upon as many different subjects, demonstrating the all-important fact, that homœopathy is universally applicable to all states and conditions of disease incident to the great variety and almost infinite number of tissues in the human organism. It is for this Institute to lend a helping hand to all enterprises looking to the ultimate object for which it was formed.

A committee of three was appointed to take into consideration the President's address, consisting of Drs. Swazey, Ober, and Dudley.

The President then appointed a *Committee on Credentials*, as follows: Drs. T. F. Smith, of New York; N. Schneider, of Cleveland; and T. L. Brown, of Binghamton, N. Y. Also, an *Auditing Committee*, as follows: Drs. S. M. Cate, Lowell, Mass.; E. C. Beckwith, Zanesville, O.; J. H. McClelland, Pittsburg, Pa.

THE SECRETARY made the report of the *Committee of Publication*, announcing that a volume of 500 pages had been prepared by January 1st, and distributed to members and others. Received and referred.

E. M. KELLOGG, M.D., of New York, Treasurer, reported that for the first time in seven years he was enabled to announce that the Institute had paid all its bills, and had a balance in the treasury. The report of the Treasurer was accepted, and referred to the Auditing Committee. The Treasurer then offered the following resolution, which was unanimously adopted:

*Resolved*, That all members of the Institute, who have been members in good standing for twenty-five consecutive years, shall be placed upon the Honorary Roll, and as such shall retain all rights and privileges of full membership, and be exempt from the payment of further dues.

This puts on the Honorary Roll about eighty members, and the number will be added to year by year.

J. P. DAKE, M.D., offered the following resolution, prefacing it with explanatory remarks:

*Resolved*, That the American Institute of Homœopathy protests against the recent attempt of the Massachusetts Medical Society to brand as guilty of conduct unbecoming and unworthy of an honorable physician such of their members as, having a thorough medical education and unblemished characters, conscientiously practice homœopathy; that such action is subversive of freedom of thought in a science which demands the most untrammelled investigation, and aims a deathblow at any improvement in medicine; that it is an insult alike to the practitioners and the patrons of homœopathy; and that it must react with greatest force upon those who thus attempt to destroy characters and enslave science.

DR. W. H. WATSON, of Utica, seconded the resolution in an eloquent speech, and it was then unanimously adopted amidst applause.

The report and papers of the

BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS, were then called for. Dr. I. T. Talbot, acting for the Chairman of the Bureau, Dr. Wesselhœft, of Boston, announced the following papers: Purification of the Materia Medica by the Clinical Verification of Symp-

toms, by W. E. Payne, M.D., of Bath, Me.; Provings of Eucalyptus globulus, by E. M. Hale, M.D., of Chicago; Verified Symptoms, by W. McGeorge, of Woodbury, N. J.; The Use of Sulphur in Acute Diseases, by C. Wesselhæft, M.D., of Boston; Provings of Fagopyrum and Sulphate of Lime, by T. F. Allen, M.D., of New York; A Physiological Proving of Vaccine upon Sheep, by J. Pettet, M.D., of Cleveland; A Plan for the more thorough and proper Proving of Remedies and Notation of Symptoms for Use under the Homœopathic Law, by J. P. Dake, M.D., of Nashville, Tenn.

The subject treated of in Dr. Dake's paper was ordered by the Institute to be presented for discussion at this meeting. Dr. Dake therefore read his paper, which was an elaborate and able essay on the subject of systematic provings by a College of Provers, to be centrally established, and under the control of properly qualified medical men; the provers to be medical students, male and female. The subject was then opened for discussion.

#### DISCUSSION ON THE PROVING OF REMEDIES, &c.

DR. T. C. DUNCAN, of Chicago, regarded the subject presented in this paper as of great importance. The scheme unfolded in the paper was a grand one, but he regarded it as for the future. He thought, however, that the object might be approximated, if not accomplished as thoroughly, by provers scattered throughout the country. If this were done, the symptoms could be verified more carefully than in a college of provers, and then we would know that they were genuine symptoms. If this Bureau would undertake the work, and would lay down specific rules for its carrying out, they would then accomplish something.

DR. PEMBERTON DUDLEY, of Philadelphia, tendered his thanks to Dr. Dake for the pleasure and profit he had derived from his paper. Dr. Dake has taken hold of this subject in just the right way, and while there may be a difference of opinion regarding the plan presented, so far as its availability is concerned, yet few will deny the force and value of the points the writer has made. I have never yet grown enthusiastic over any of our provings as they at present stand. In fact I have scarcely been able to rejoice at the extent of our *Materia Medica*, as it has been extended during the past few years. As an illustration I would cite the appearance in one of our best journals recently, of the provings of a number of drugs made in each case by a single individual, the simple record of the effects of a single dose, with not a word said regarding the age, personal character, or reliability of the prover, not a word of evidence afforded as to whether the symptoms recorded were the actual effects of the drugs, or whether they were to a greater or less extent the effects of a powerful imagination acting upon an excitable nervous temperament. It is highly probable, too, that all these symptoms will be inserted, without further evidence as to reliability than that presented in this single publication, in the next work on *Materia Medica*. As another instance



I will state, that not long ago, I, deviating from my usual custom, allowed myself to publish in one of our journals a report of a case. In the record of that case I called attention to a certain peculiar symptom, and intimated the probability that the last medicine used had cured the case, but I was not fully satisfied in my own mind that it had done so. Yet in a recent work, under the editorship of one of our best men, that symptom is introduced as though it were positively stated to have been cured by that remedy. The fact is that two or three remedies were used, and I am unable to say whether the last remedy given or the next to the last cured, or whether the case got well of itself. If I had known that my statement would be used in that way it would not have been made. I do not wish to be understood as decrying the grand results that have inured to us from our imperfect provings; for, unsatisfactory and imperfect though they be, yet have we not been able to accomplish far more of curative results than has allopathy with its most careful investigations? I will give you proof of this statement before the close of the session, as I shall be enabled to do, thanks to the enterprise and energy of Dr. E. M. Kellogg.

I think the idea of Dr. Duncan is a good one. While it might be impossible to have a number of provers gathered together in a college, we might have provers residing each in their own city, proving drugs systematically and noting symptoms scientifically. I am glad that Dr. Dake's paper has been presented at this time. I believe that if this plan is made available and practical, as it can be, this day will be one of the greatest during the existence of this great organization. There is one way in particular in which such systematic and scientific investigation of drug action can be made very useful that is not generally thought of. We have recently, in the records of the trials of certain medico-legal cases, been pained to notice the apparent want of knowledge of the positive effects of drugs. Now, after this college of provers has been once established, and its operations carried out, their evidence would be a standard authority in these cases.

DR. S. R. BECKWITH. I wish to offer a resolution at the close of this discussion, if it will be then in order, in reference to this matter. I want to see a special committee appointed, with authority to memorialize Congress at its next session to prepare such laws as may be necessary to carry out this plan into prompt operation. There is no school of medicine but what believes in the proving of drugs upon the healthy. Pareira regards this method as an axiom. We will not be alone in this matter, but we will simply be the pioneers in the work. I have no doubt but that if a half-dozen energetic men were empowered by this Institute to endeavor to have a provers' college established in connection with the Smithsonian Institute, and Congress were asked to furnish money to put it into operation and carry it on, they would be successful.

DR. G. W. BOWEN, of Fort Wayne, Ind., liked the idea, but feared the expense would be too great. We should submit ourselves to the



judgment of some man like Dr. Hering, who has devoted his life to the *Materia Medica*. He thought it would take a long time to prove and reprove all the drugs of the *Materia Medica*. He would give twice as much as any man who possesses double the means he has towards establishing this college. Dr. Bowen then eulogized Dr. Hering and his work, and wished to offer a resolution touching the publication of his MSS., but it was declared to be out of order at this time.

DR. S. LILIENTHAL declared himself to be in favor of this plan. Although an old man, he thought himself good for ten years, and would give one hundred dollars per year for this work if necessary. He had a proving which he could not publish because of its magnitude, and Prof. Allen has one which no one cares to publish on account of the cost. Now for the publication of these provings we want money, and that money can only come from the Institute by the subscriptions of its members. Let us not wait fifty years for the establishment of this College of Provers. We have already made a small beginning in New York, under the leadership of Prof. Allen. But let us take up some remedy, as suggested by Dr. Duncan, and prove it by provers scattered all over the land. If this course is carried out and persevered in, we will get many valuable provings.

DR. T. L. BROWN, of Binghamton, N. Y., said he had been converted to the opinion held by Dr. Dake. He had already offered to be one of the number who will give a certain amount every year towards the enterprise. He thought he was good for ten years, and in ten years much good can be accomplished.

DR. T. F. ALLEN, of New York, said: As some allusion has been made to New York, I desire to say a word on this subject. I came on to listen to Dr. Dake's paper, as I knew we should have a good suggestion from him. I suppose it will be acknowledged by every one in this Institute that Hahnemann was the father of Homœopathy. But Hahnemann had not twenty thousand dollars a year—he had only *enthusiasm*, and that is what we want now. In the last number of *The Practitioner*, an English old-school journal, a writer says that to Hahnemann is due the honor of having introduced physiological provings into the *Materia Medica*; and he goes on to say that there is no doubt that the law of *similia similibus curantur* is a fundamental law, but he says it is not a universal law. That is the ground he takes. Now, gentlemen, we are ten years behind the times. We are old fogies. There is not a University on the Continent of Europe that has not a department for physiological provings of drugs upon animals and man. They are pushing this matter of proving drugs in the old school in such a way as should put us to the blush. It is not three weeks since I was reading a proving of Saponine, which has opened to us a great field which had been closed for many years.

These drug provings should be connected with the chair of physiology. No man can give a thorough explanation of provings unless he be a thorough physiologist. We have tried to start this matter on a small scale in connection with our hospital in New York. We have been making

some experiments with Belladonna on animals, cutting the sympathetic nerve; but, in the nature of things, these have been unsatisfactory. One word in regard to giving all provers the same dose repeated at certain specified intervals. Last winter I gave a preparation of Lachesis 30th to forty or fifty students, none of them knowing what medicine it was or the size of the dose; but of these there were but five who got identical symptoms. This shows that the dose should be graduated according to the susceptibility of the individual.

In regard to the establishment of a National College of Provers, I think it is very much needed and greatly to be desired. At the same time I think it cannot be done except in connection with the chairs of physiology in our colleges.

DR. I. T. TALBOT. We have got to a subject that has struck the great sympathetic nerve of our whole science. We have touched the very basis of Homœopathy at the beginning of this session. At the time this Institute was first established, there were a few earnest and determined men who took up this work, and the published work of such men as Hering, Williamson, Neidhard, Payne, and others, who constituted the old "Central Bureau," made the first volume of the Transactions of this Institute by far the best volume ever issued. It speaks well for this Institute that we have thus early and earnestly taken up this important subject. It speaks well for its future. The idea of my friend Dr. Dake is a glorious idea, and his plan a grand one, if it can be carried out. And I approve most heartily the view of Dr. Beckwith, that we go to Congress and ask them to establish such an Institution. The American Institute of Homœopathy is now entering upon a more glorious existence. Before the close of this session I shall suggest a plan by which this Institute shall be incorporated by the United States government and have a right to raise a fund by the contributions of its members and others to carry out its great purposes.

Dr. McManus then made a report from the Board of Censors, after which the Institute adjourned.

#### AFTERNOON SESSION.

Dr. Talbot read the paper of Dr. William E. Payne, of Bath, Maine, entitled, "Is the re-proving of the *Materia Medica* possible under existing circumstances? And if so, can the great object of purifying it be attained in the way proposed by the advocates of re-proving?"

Dr. Payne's paper expressed the view that the *Materia Medica* could be better purified by systematized clinical verification of symptoms than by re-proving of drugs, and in order to do this work effectually a complete *Materia Medica* should be in the hands of every practitioner, who should regard it as a sacred duty to assist in the work.

DR. J. P. DAKE then spoke at considerable length, and with great fervor and eloquence, in defence of his plan for purifying the *Materia Medica* by re-provings, and on behalf of the project to establish a college of provers.

DR. G. W. SWAZEY said this was a most important subject, and that it should be thoroughly discussed. He was of the opinion, however, that there was a tendency in the remarks made to undervalue the provings we now have. He hoped the whole matter would go into the hands of a committee for careful reflection. The great trouble with our provings is their prolixity. We are all aware that there are better methods of presenting subjects than there once was; and it is possible that the *Materia Medica* may be presented in a better shape than heretofore. Some time ago the lamented Dr. Flagg was appointed to present typical illustrations of the effects of drugs upon the parts and tissues. Dr. Flagg made an outline sketch of the body, and divided it into regions. From this figure he projected lines, which indicated the direction of the action of remedies. Now it seems to me that if some such plan were to be properly elaborated, it might be made a valuable means for studying the *Materia Medica*.

DR. S. R. BECKWITH presented a resolution to appoint a committee to memorialize Congress, at its next session, "in relation to the appropriation of such sum or sums as in the opinion of the committee may be necessary to establish and maintain a Provers' College, upon such a plan as may be deemed advisable."

DR. I. T. TALBOT moved to substitute for the resolution, that the whole matter be referred to a committee to be appointed by the chair, to report thereon during the present session. This motion was carried, and the President subsequently appointed Drs. I. T. Talbot, S. R. Beckwith, T. F. Allen, T. L. Brown, and Lyman Clary, said committee.

DR. F. R. McMANUS, Chairman of the *Board of Censors*, reported a number of applicants for membership as eligible, and they were subsequently elected. The names of two applicants were likewise proposed, to whose admission objections had been made on account of the standing of the institutions from which they graduated, viz., the Detroit Homœopathic College and the Philadelphia University of Medicine and Surgery. This gave rise to considerable wrangling discussion, when finally, on motion of Dr. Talbot, the applications were referred back to the Censors, "without the action of the Institute." [The admission of new members takes up too much of the time. Dr. McManus has stood the faithful guardian of the honor of the Institute, so far as its membership is concerned, for a number of years, and the Institute very properly gave him a vote of thanks; but we trust that the Censors will hereafter dispose of all doubtful applications in committee. When such cases come before the Board they should be laid over for one year, during which time the Censors should take testimony, and be ready to report at the next session.—EDITOR H. M.]

DR. T. F. ALLEN presented provings of *Fagopyrum esculentum* (buckwheat straw), and read abstracts from them. Received and referred.

The balance of the papers of the Bureau of *Materia Medica* were read by title, and referred to the Committee of Publication.



## EVENING SESSION.

Institute reassembled at 8 o'clock, President Small in the chair. The report and papers in charge of the

BUREAU OF CLINICAL MEDICINE—*Phthisis Pulmonalis*—

were presented by Dr. J. C. Burgher, of Pittsburg, in the absence of the Chairman, Dr. H. B. Clarke. They were as follows: Hints on the Management of Phthisis, by George A. Hall, of Chicago; An Examination of the Apparent Causes and Results of Treatment in one hundred cases of Phthisis, by H. B. Clarke; *Ferrum versus Phthisis*, by E. C. Beckwith, of Zanesville, O.; Regular and Systematic Respiration of Pure Air as a Prophylaxis of Phthisis, by J. C. Burgher; Practical Remarks on Pulmonary Consumption, by W. H. Holcombe, of New Orleans; Statistics of Comparative Mortality under Allopathic and Homœopathic Treatment, by E. M. Kellogg, M.D., of New York; Anal and Rectal Fissure, by W. Eggert, of Indianapolis; Clinical Reports of three cases cured by *Natrum muriaticum*, by W. Gallupe, of Bangor, Me.

The papers referring to phthisis were read, and discussed as they were read. We shall endeavor to give an abbreviated report of the discussions.

DR. LILIENTHAL would like to have an accurate definition of phthisis. He thought too much latitude was allowed in defining that term.

DR. BURGHER supposed the word had been used in its general acceptation.

DR. LILIENTHAL regarded it as a disorder of nutrition, affecting assimilations and finally going to the lungs, but it does not begin there. He regarded phthisis in its first stages as a perfectly curable disease, and therefore he wanted accuracy of nomenclature.

DR. MARIX, of Denver, Col., said he did not wish to be discourteous to Dr. Clarke, yet entered his protest against the treatment of phthisis or any other disease with such compound remedies as the acetate of morphia and ipecac in any stage whatever, and against the topical application of croton oil (as detailed in Dr. Clarke's paper).

DR. DAKE said that Dr. Clarke merely used these as palliatives, not as remedies. He was not present to defend his paper.

DR. LILIENTHAL. The Institute, if it sanctions such treatment, will have no right to say how any man shall practice.

DR. CATE.—It is well known that there are some men who imagine there is but one road to any given place and that is the road they travel by. I suppose every one here has met cases of phthisis and of other diseases where a cure was impossible. Nor is there anything wrong in resorting to palliatives in such cases to relieve the patient of some measure of suffering.

DR. R. R. GREGG. This disease has been palliated for a hundred or more years as we know, and yet how many die of it! I think we have palliated long enough.

DR. T. L. BROWN related the case of his wife's father, an old man, of



good habits, who drank plentifully of tea and coffee. He thought himself consumptive, and had been pronounced so by several physicians. He had had several hemorrhages, a bad cough with expectoration, and was at times very weak. Through the force of circumstances he came to live with Dr. Brown, from whose table had been abolished all stimulants and he was forced to do without his tea and coffee. He also rode with the Doctor from three to five hours daily, in the open air. He got plenty of milk, eggs, oysters, and vegetables, and canned fruits. No tea, coffee, spices or meats. His hemorrhages have stopped, he has no desire for stimulants, and he is now a healthy hale old man.

DR. VON TAGEN related a case showing how a spontaneous cure of far-advanced phthisis might take place. It was that of a distinguished naval officer, who in early life had tried everything medicinal to be relieved, but had abandoned medical treatment and taken to the sea. He died many years afterwards, and he, Dr. Von Tagen, assisted Dr. Kitchen at the autopsy. The body indicated anything but consumption; he weighed nearly 190 pounds. In the upper portion of the left lung was a large cicatrix, of very dense structure, covering a surface about as large as the palm of the hand. He judged from its size that the abscess was about the size of a large fist.

DR. GOTTSCHALK of Providence, R. I., had in his younger days made about 150 autopsies of soldiers. Of all these he found only four who had perfectly healthy lungs. In most cases there were large or small cicatrices, proving that ulceration had at one time existed there. In some cases abscesses existed at the time of death. In others tuberculous deposit had taken place, like charcoal points, scattered through the lungs, like dark sand. He thought the Institute should establish a department of climatology, for the benefit of the sick, more especially with the view that physicians might know just where to send patients.

DR. L. PRATT of Wheaton, Ill., thought the results of treatment would be better if we had a better knowledge of the anatomical seat of action, and kind of action of our remedies. He related a case of a woman who ten years ago had all the evidences of consumption. She was told to be out in the air as much as possible, and to take large quantities of white sugar at each meal. She did so and is to-day well and hearty.

DR. SWAZEY said it was refreshing to him to hear cases of cure related without too much stress being laid on the remedies which have been used. Dr. Brown has given us a case in which hygiene had a large share in the cure. Of course most of us have had similar cases. He was far from disapproving the use of medicines in these cases, but he placed more reliance on other means. Some of the cures reported were due to what might be called the tenacity of life of some individuals. He had a patient who failed gradually from phthisis, and died after a few years. Autopsy disclosed that there was none of the left lung whatever, excepting a trace perhaps, and the right lung was useless excepting a portion of about the size of a man's fist. This shows how life is held on to in some cases

under proper hygienic measures. In these cases he discourages the use of animal fat. He attached great importance to the diet.

DR. GEORGE. A. HALL used farinaceous food and fruits, totally abolishing animal food. He admitted that phthisis was an opprobrium medicorum. He acknowledged the value of hygienic measures, and regarded them as the only specific, but thought also that medicinal means should not be neglected, and that if we explored our *Materia Medica* we would find remedies that would be of avail.

DR. CLEMENT PEARSON, of Cleveland, had no doubt that the cases reported by Dr. Clarke as cured were so cured, and that the symptoms he relates existed, and yet there might not have been a particle of tubercular deposit. He had been surprised that none of the gentlemen who had related cases had referred to the state of the pulse, which he regarded as the only certain index of a tubercular condition of the lung. "Bring me a patient with hectic fever, a cough, with purulent expectoration, emaciation and night-sweats—all the symptoms in fact of tuberculous disease of the lungs—and a pulse of 70, and I will assure you there is very little danger if the patient is properly treated. On the contrary, when a patient comes into my office and says, 'Doctor, I have nothing the matter with my lungs, but my throat is a little sore and I have had an irritation there for some time,' and I find this patient with a cough and some other symptoms and a pulse of 120 or thereabouts, I am strongly led to believe there is danger, just because the patient assures me there is no disease of the lungs, and, secondly, because of the pulse." He had very little confidence in the line of treatment laid down by Dr. Clarke. He used the 200th attenuation.

The Institute then adjourned until Wednesday morning.

#### SECOND DAY—MORNING SESSION.

The Institute was called to order at 9½ o'clock by the President. The resignation of Dr. J. H. Marsden, of York Springs, Penna., was presented by the Secretary and accepted.

The balance of the papers on Phthisis were read and the

#### DISCUSSION ON PHTHISIS CONTINUED.

DR. E. C. FRANKLIN thought the medical treatment of phthisis should receive our earnest attention. It is the most important disease that falls under the attention of medical men. He was much pleased with the remarks of Dr. Pearson when he spoke of the pulse in phthisis, and also by the remarks of Dr. Gottschalk. But there is one point that has not been referred to, which, he believed, defined phthisis pulmonalis or tuberculosis of the lung—the character of the sputa thrown off from the mucous membrane of the bronchi, as revealed by microscopic examination. He had heard many remedies mentioned, but no indications for their use had been given and he had learned nothing from that. One gentle-

man cured a case by giving two meals a day, another by hygiene, another by abrogation of meats, and another by the free use of meats. Now he had not got at the pith of the treatment from all these remarks. He had cured cases with the characteristic sputa without medicines or strict dietetic rules, simply by the use of the lung. He believed more people died of this disease in consequence of disuse of the lungs than from any other cause. He believed air to be the proper stimulant for the lungs, as exercise is for the muscles. Persons with tendency to lung disease, or having lung disease, don't like to take a full and deep inspiration, and by this disuse the disease grows on them stealthily as it were, and they don't take in enough oxygen to serve their purposes. He then related a case in which the chest of a consumptive woman increased over  $3\frac{1}{2}$  inches in less than three months by systematic free respiration of atmospheric air, and she now has a fair share of health and weighs 15 or 20 pounds more than she did.

DR. BURGHER stated that he had prepared a paper on "The Regular and Systematic Respiration of Pure Air as a Prophylaxis of Phthisis." He used a small glass tube, directing the patient to breathe through it one or two minutes at a time, three times a day, drawing as full a breath as possible, increasing one minute each time until the patient gets to using it fifteen or twenty minutes and then gradually decreasing to one or two minutes again. By this means a contracted chest can be increased from one to three or four inches in three months.

DR. R. R. GREGG, of Buffalo, N. Y., gave his views on phthisis and its treatment, and exhibited a number of photographs, which he explained. [These views may be found in *The Homœopathic Quarterly* and other publications of Dr. Gregg.—EDITOR H. M.]

DR. E. M. KELLOGG then read his paper on Comparative Mortality under Homœopathic and Allopathic Treatment in New York, Boston, and Philadelphia. A table drawn up by the Doctor exhibits the following results:

*Comparative Mortality in New York, Boston, and Philadelphia.*

ALLOPATHIC.					HOMŒOPATHIC.				
City.	Year.	Number of Physicians.	No. of Deaths.	Ratio.	City.	Year.	Number of Physicians.	No. of Deaths.	Ratio.
N. Y.,	1870	944	14,869	15.75	N. Y.,	1870	143	1287	9.00
"	1871	984	15,526	15.78	"	1871	156	1243	7.97
Boston,	1870	218	3,872	17.76	Boston,	1870	40	402	10.05
"	1871	233	3,369	14.46	"	1871	44	363	8.25
"	1872	233	4,575	19.63	"	1872	54	446	8.26
Phila.,	1872	655	12,468	19.03	Phila.,	1872	168	2162	12.87
Total, . .		3267	54,679	16.73	Total, . .		605	5903	9.75

The Bureau was then closed and its report and papers referred to the Committee of Publication.

#### CONSTITUTION AND BY-LAWS.

DR. J. P. DAKE then made the report of the *Committee to Investigate Certain Alleged Mutilations of the By-laws*. The report exonerated every one from blame in the matter, and showed that the errors were the result of a conjunction of unfortunate circumstances. Accepted.

THE SECRETARY presented, on behalf of the *Bureau of Organization, Registration, and Statistics*, a copy of a new constitution and by-laws, framed by the Bureau under order of the Institute. On motion, the Secretary was directed to have the same printed and circulated with the next volume of Transactions, for examination and action at the next session.

DR. R. LUDLAM then presented the report and papers of the

#### BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

##### *Leucorrhœa.*

DR. O. B. GAUSE, of Philadelphia, read his paper on *Leucorrhœa in Relation to Menstruation*, and DR. J. C. SANDERS, of Cleveland, read his on *Leucorrhœa as a Conservator*.

DR. S. R. BECKWITH thought Dr. Sanders had not stated the anatomy of the cervix properly, and that he made light of what he (Dr. B.) regarded as a grave disorder and one which gave rise to hysteria, mania, melancholy, and other severe forms of disease. He took exception to its being styled a self-limiting disease. With all our experience we are not able to cure it in some cases.

DR. MARY SAFFORD BLAKE then read her paper on *Inversion of the Uterus*. The remaining papers of this Bureau were read by title and referred, and the Bureau was declared closed.

DR. S. R. BECKWITH then presented the report and papers of the

#### SUB-BUREAU OF GYNÆCOLOGICAL SURGERY.

DR. BECKWITH read his paper on *Cervical Endometritis*, and the Institute then adjourned.

#### AFTERNOON SESSION.

DR. MARIN, of Denver, Col., introduced a preamble and resolution to the effect that the interests of scientific homœopathy imperatively demanded the organization of a Bureau of Climatology. It was agreed that a Committee on Climatology be established.



DR. C. S. ORMES, of Jamestown, N. Y., of the Bureau of Gynæcological Surgery, read his papers on *Ovarian Tumor* and *Ovarian Abscess*, which were accepted and referred.

DR. BECKWITH announced a paper by Dr. Danforth, of Chicago, on *Galvano-puncture for Ovarian Tumor*, which, he said, had already been published in the *United States Medical and Surgical Journal*.

DR. E. C. FRANKLIN being called upon to speak on this subject, said he was, so far as he knew, the first surgeon in this country to perform this operation on an ovarian tumor. He was led to it through Dr. Danforth's operation for hydrocele. The lady was opposed to the ordinary operations, and so he proposed to use this means and did so. He made three applications, going very cautiously, as it was new ground, but gaining courage at each application of the battery. The case got along very well, and the woman went home cured. It was a unilocular cyst so far as he could judge.

DR. WILLIAM OWENS, of Cincinnati, wanted to know what became of the albumen contained in this cyst.

DR. FRANKLIN said he could not give a positive answer to this question; he had simply reported the facts so far as he knew them. He had used a Faraday battery and two needles, confining the tumor within the circumference of an iron ring.

DR. J. G. GILCHRIST, of Tidioute, Pa., reported a case of a young woman who had been under allopathic treatment for five or six years for what was called an ovarian tumor, situated in the left iliac fossa. Had given up all treatment for a year when she came under his care. Symptoms: very marked constipation, bowels entirely inactive; shortness of breath and difficulty of breathing during menses; menses anticipating, scanty, dark-colored, and offensive, accompanied with sharp, cutting pains, which caused her to cry out as in an agony. Gave *Colocynth 2c*, a dose a week for a month prior to menstrual period. At period sufferings were worse, and there was no flow. Then gave a single dose of *Col. 1<sup>m</sup>* after menstrual period, with mitigation of suffering. Then one dose of *Col. 100<sup>m</sup>*, when the tumor began to diminish. It is now five months since treatment commenced and the tumor has entirely disappeared.

DR. R. R. GREGG has seen as a result of local treatment of uterine diseases, that as the uterine trouble got better, lung disease set in, in persons with weak respiratory organs.

DR. J. B. OWENS reported the case of a young girl having the same class of symptoms reported by Dr. Gilchrist. The abdomen was very much enlarged, and she gave evidence of having a tumor. She was very much constipated. He gave her *Sulph. 1<sup>m</sup>*, and a week afterwards another dose. On the twenty-first day her bowels moved freely, she passed an enormous quantity of feces. Many of these so-called tumors are merely collections of fecal matter in the bowels.

DR. SWAZEY explained his method of making a pessary out of a knitting-pin of hard rubber. He bent it to suit the parts by means of heat, and kept the ends together by slipping a piece of rubber tubing over them. By this means a person having mechanical ingenuity can make a pessary to suit the case he has to treat.

DR. GILCHRIST assured the Institute that the case he related was one of tumor, and that he was competent to diagnose a tumor.

DR. OWENS said he did not mean to assert that it was not a tumor.

DR. R. LUDLAM did not agree that these tumors were so easily disposed of by medicines. The greatest care should be exercised in making up a differential diagnosis of all sorts of abdominal tumors, particularly in females, and especially so when there is any idea of reporting the cases to the Institute, the auxiliary societies, or the journals, because it is so easy for any of us to be mistaken and to attribute the disappearance of a tumor said to be uterine or ovarian to remedies, when it might have been no such tumor at all. He believed that many cases of endocervicitis were caused by the pressure of the uterus against the floor of the pelvis, when the patients are moving about, riding, walking, or dancing. Now the best chosen remedies, in such cases, locally or internally applied, will often have no effect if the malposition is not corrected and the uterus suspended until the engorgement has had a chance to pass away. Dr. Swazey's idea is a good one, but his pessary when made does not differ from Hodge's U pessary or sleigh-runner. That can be bent to suit, and saves time.

DR. McMANUS did not believe in pessaries. He preferred the horizontal position continued for some time as a means of cure, and related a case in point. If any case could justify him in the use of a pessary, it would be one in which a poor woman could not lie by.

The Bureau of Gynæcological Surgery was then closed.

A report was received from the Board of Censors.

#### CRIMINAL ABORTION.

DR. N. F. COOKE, of Chicago introduced the following preamble and resolutions:

WHEREAS, It is especially the province of homœopathic physicians to occupy advanced ground on all questions relating to the physical amelioration of the human race; and

WHEREAS, There exists in the criminal and medical codes an expression which by implication sanctions the commission of crime—that is to say, the words "*criminal abortion*;" and

WHEREAS, The artificial induction of abortion is, under any and all circumstances, the taking of human life, and therefore criminal,

1. *Resolved*, That the American Institute of Homœopathy hereby expunges the word "*criminal*" from its medical code, wherever found as qualifying the word "*abortion*"

2. *Resolved*, That the American Institute of Homœopathy hereby invites the co-operation of the American Medical Association, in the endeavor to obtain the obliteration of the improper distinction wherever it now exists.

DR. COOKE claimed that the passage of these would close the door now wide open for the commission of abortion. He was of the opinion that cases which now, according to the books, admit of the induction of premature labor, and which, he said, were extremely rare, should be left to go on to term and treated by Cæsarean section. He thought that the systemic disorders of pregnancy, most of which were amenable to homœopathic treatment, were made the excuse for the commission of numerous abortions, and he wanted to have this stopped.

DR. McMANUS objected to the last resolution inviting the co-operation of the American Medical Association.

DR. I. T. TALBOT objected to abortion as much as did Dr. Cooke, still he doubted the good taste of the resolutions. We might all think it the special province of homœopathic physicians to occupy advanced ground, but it was in bad taste to assert it. He did not see how the use of the words criminal abortion sanctioned crime. It has been agreed by all societies far and near that if a jury of physicians decide that premature labor should be induced it is right to do it. He did not think it would be in good taste to say that it was not. It has been made a crime in the eyes of all our societies for a physician to induce abortion on his own responsibility. Again there is no use of the words "criminal abortion" in our medical code. The words are "criminal acts." On motion of Dr. Talbot, the preamble and resolutions were laid on the table.

#### NEWS FROM BOSTON—THE DARK AGES REDIVIVUS.

The President read a telegram he had just received from Boston, announcing that the Massachusetts Medical Society had that day expelled seven of its members for practicing homœopathy. The announcement was received with great laughter and applause, and Dr. Talbot was called to the platform, where he was greeted with great applause.

DR. TALBOT said: Mr. President, criminals are not generally received in this way. This has been a question not of days or weeks or months with us, but of years, and to-day's work in Massachusetts only exhibits another phase of the matter. We have not been expelled from an allopathic society, for, if the old Massachusetts Medical Society were an allopathic society, not one of us would have remained with it for a day. We are standing up for our rights simply. The men who are in the majority have been trying to take those rights from us—rights that have been guaranteed and strengthened from time to time by the commonwealth of Massachusetts; and we have given these men plainly to understand that we will not submit to have our rights taken away until compelled by the highest powers of the State. Dr. Talbot then gave an account of the action of the Massachusetts Medical Society, the "Trial," &c., which from time to time we have laid before our readers.

THE PRESIDENT, on motion, appointed Drs. E. C. Franklin, T. F. Allen, and M. M. Marix, a committee to nominate a *Committee on Climatology*.

DR. J. H. McCLELLAND, of Pittsburg, in the absence of Dr. B. W. James, presented the report and papers of the

BUREAU OF SURGERY—(*Diseases of Bones: Their Medical and Surgical Treatment.*)

The following papers were presented, most of which were read in whole or in part: Rachitis, by N. Schneider, of Cleveland; Bone Tumors, Benign and Malignant, by M. Wallens, of Somerville, N. J.; Suppuration and Abscess of Bone, by E. C. Franklin, of St. Louis; Therapeutics of Bone Diseases, by J. C. Morgan, of Philadelphia; Necrosis, by L. H. Willard, of Pittsburg, Pa.; Caries, by C. P. Seip, of Pittsburg, Pa.; Reproduction of Bone, by J. H. McClelland, of Pittsburg, Pa.; Strangulated Umbilical Hernia, by H. F. Biggar, of Cleveland. We will give an abridgement of the discussion on the general subject presented by the Bureau.

DISCUSSION.

DR. L. H. WILLARD was in favor of an early and free use of the knife in suppuration and abscess of bone, thus liberating the pus and putting the parts in the most favorable condition for cure.

DR. J. G. GILCHRIST said that if this were done the disease which had caused the pus still remained uncured.

DR. WILLARD said the knife was only one of the means of cure. The pus must be liberated and allowed free exit or it will burrow and do much damage. Homœopathic remedies may be used in conjunction with this treatment.

DR. FRANKLIN thought the disease processes of nature were generally curative and should be understood as such. How often do we find a long and tedious illness culminating in the formation of an abscess and discharge of its matter and a restoration of health. If we let out this matter, we are assisting nature, hastening nature's cure. At the same time, he was of the opinion that every care should be exercised in the selection of remedies to promote a cure, and that when we can get the characteristic symptoms we can prescribe and get good results.

DR. GILCHRIST believes homœopathy can cure everything or it can cure nothing. He does not believe in incurable diseases. Thought scirrhus and tuberculosis could be cured if we could get the homœopathic remedy.

DR. VON TAGEN instanced common bone felon. He had often arrested it by a free incision, from which there was scarcely anything else discharged but blood, perhaps a drop or two of pus. In his experience, he had never been able to arrest a felon when it had had a fair start by means of homœopathic remedies.

DR. J. P. DAKE thought that gentlemen should be very careful to define their opinions with great accuracy, for fear that wrong conclu-



sions should be derived from what they said and homœopathy be thereby injured.

DR. PEMBERTON DUDLEY thought that when he gave Hepar or Silicia to hasten suppuration, he did not give them in accordance with the homœopathic law and that their action was not homœopathic. He gave them to hasten suppuration, to promote disease, and thereby bring about a curative result. It was "homœopathy misapplied" to call such use of medicines homœopathic.

The Institute then adjourned until Thursday morning.

### THIRD DAY—MORNING SESSION.

#### *Regeneration of Bone.*

The paper read by Dr. Willard, on Necrosis, contained an account of a case in which a considerable portion of the tibia was removed, the periosteum having been destroyed, and yet after a time bony formation took place, at first cartilaginous and afterwards ossific, so that there appeared to be a complete re-formation of the missing portion of the tibia, the new part being solid and strong.

DR. S. R. BECKWITH called attention to this statement. He asked Dr. Willard how he accounted for the formation, inasmuch as the periosteum was, according to his statement, destroyed.

DR. WILLARD said he could only relate the fact. Dr. Willard's statement was corroborated by Drs. Cowley and McClelland.

The question of the reproduction or regeneration of bone was then fully discussed by the surgeons present, Drs. E. C. Franklin, S. R. Beckwith, McClelland, Willard, Gilchrist, Schneider, Von Tagen, Pease, and others. The summing up of the discussion amounts to about this, that most of these gentlemen had seen cases which had caused them to doubt whether the osteogenetic property brought into use for the reparation and restoration of bone lay exclusively in the periosteum, and that the old notion that if the periosteum were destroyed the bone could not be reproduced, is not correct.

DR. S. R. BECKWITH thought there must have been periosteum in the case related which had been overlooked.

#### *Calendula and Staphisagria.*

DR. E. C. FRANKLIN objected to the indiscriminate use of Calendula. The results of his own observation were that Calendula had no influence over inflammation, and where inflammation has gone on to disintegration and breaking up of soft or hard parts, Calendula was worse than useless. On the contrary, Staphisagria was suited to these conditions, especially when bony tissue is involved. He had used a lotion of Staphisagria for suppurative processes, and it always gives good results. He used Calendula for cuts, but was of the opinion that he got just as good results from plain water-dressings as from Calendula lotions. He used Staphisagria in almost all cases where Calendula has been recommended in the books.

## STRANGULATED UMBILICAL HERNIA.

DR. H. F. BIGGAR gave a brief account of a case of strangulated umbilical hernia and the operation for its relief, by which twenty-six inches of the large intestine were removed and an artificial anus formed at the umbilicus. The portion of gut removed was exhibited to the Institute, as was the patient, a woman, upon whom the operation had been performed. The case thus exhibited was a very interesting one. A nice question, to be answered at some future time, is, what is the condition of that part of the bowel lying between the artificial and the real anus of this patient.

## BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY.

DR. T. P. WILSON, chairman, presented the report and papers of this bureau. The papers were as follows: An Account of Twenty-six Cataract Operations, by Malcolm Macfarlan, of Philadelphia; Clinical Cases in Ophthalmology, by C. H. Von Tagen, of Cleveland; The Ophthalmoscopè in Psychological Diseases, by S. Worcester, of Burlington, Vt; Aural Surgery, by H. C. Houghton, of New York; On the Use of Spectacles, by T. P. Wilson, of Cincinnati, and Asthenopia, by T. P. Wilson. Dr. Von Tagen's paper and Dr. Wilson's paper on Asthenopia were read. The balance of the papers were read by title and referred.

DR. T. P. WILSON exhibited and explained the use of a new apparatus for syringing the ear, by which a uniform and constant stream can be thrown into the meatus.

DR. I. T. TALBOT offered the following resolution, which was adopted.

*Resolved*, That no cases or papers previously published shall be received by the Institute or published in its Transactions.

## AFTERNOON SESSION.

At the commencement of this session the time and place for the next meeting, were fixed, and a motion was made and adopted that the General Secretary is requested to rotate the Bureaus in the order of business, so that each may be accorded an early presentation in turn. The committee to appoint a Committee on Climatology made a report, furnishing a list of names for that committee, which were confirmed by the Institute.

DR. J. D. BUCK, of Cincinnati presented the report and papers of the

## BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE,

which were as follows: Diet for the Sick, by A. R. Thomas, of Philadelphia; Diet for Infants and Young Children, by J. C. Morgan, of Philadelphia; Hygiene of Infants, by Emma Scott, of New York; The Nervous System, by J. D. Buck, of Cincinnati.

## WASHING AND FEEDING BABIES.

DR. EMMA SCOTT read her paper on Hygiene of Infants.

DR. CHASE said she did not have babies washed on the day of their

birth, but had them well anointed with lard and rubbed clean with cloths. She had them washed carefully on the second day and then waited a day or two, getting them gradually accustomed to being washed. By this means shock to the system is avoided. She had seen deleterious effects from too frequent washing of infants.

DR. GOTTSCHALK, of Providence, R. I., spoke of Parisian nurses of large experience who always have babies washed as soon as born and every day thereafter without harmful results. In regard to feeding babies by hand, he preferred good cow's milk to anything else, with a little sugar to it, and perhaps a little salt if the casein tends to coagulate.

DR. WILLIAM OWENS, of Cincinnati thought this question of feeding babies a very bothersome one, it is such a difficult matter to get food which the babe can digest. Arrowroot is innutritious; milk often passes from the bowels undigested in spite of all you can do and whether you give it boiled or raw. For ten or twelve years past he had used Graham flour made into a thin gruel with sugar and a little salt, and taken through a nursing-bottle. If there be tendency to irritation or looseness of the bowels he uses toasted aerated bread, boiled forty minutes, strained and sweetened. With these he generally has no trouble with hand-raised babies and they are fat and hearty, and they have little or no trouble from summer complaint.

DR. J. P. DAKE had often seen children suffering terribly from colic and constipation in consequence of the breast-milk not agreeing with them, and even going into convulsions. Sometimes the milk will not digest and curds form in the stomach as hard as a bullet. The grandmothers have a strong prejudice against taking the breast-milk from the child, but when he finds the above state of things, he invariably has the child weaned and supplied with good, wholesome food. He did not like bread, barley, or rice-water. He used sugar of milk to sweeten infant's food.

DR. D. E. HOLT thought that good breast-milk or good cow's milk was the best food for infants when well; but when the stomach and bowels get into an inflamed or irritable condition, as they do in summer sometimes, he cut off the milk for a time, attacked the disease with medicines, and when the child was well again he returned to the milk.

DR. SWAZEY always discouraged the use of milk diet for infants whenever he could. He gave usually gruel made of rice flour with gelatin added, and then enough to be taken from a nursing-bottle. The mothers prepare the gelatin of about the consistence of jelly, and keep it in the refrigerator. They add it to the rice-gruel in quantities to suit. This works very well with the babies. He knew of several babies who were raised on gelatin almost exclusively. He was opposed to the use of animal food for babies.

DR. LILIENTHAL thought that mother's milk was the best food for infants. Bring up your daughters in a proper way so that they are healthy and they will have good milk for their babies.

DR. HUNT said he had been in the habit of giving children an egg beaten up in a glass of water, with a little glycerin and sugar. This is meat and drink for the babes, and agrees with them very well.

DR. D. C. FAIRBANKS had had cases where there was a persistent sour stomach, which no medicine he had used would stop, until he took the child from the breast and furnished it with other food. In regard to washing babies, he agreed with Dr. Gottschalk, and had seen no bad results from washing when judiciously done. But washing can be injudiciously done, and he believed that bad cases of nasal catarrh arose from it.

DR. F. R. McMANUS did not believe there was any universal article of food for babies. Their diet must be regulated by circumstances. Where the child is disposed to diarrhoea he gives the preparation of rice-flour recommended by Dr. Swazey. When constipated, he makes bran broth—a teacupful of bran to a quart of water, with milk, if deemed advisable. When the bran diet does not relieve the constipation, he gives a dose of Sulphur 3d; and if that does not relieve in twenty-four hours he gives a second dose, which always succeeds. Related the case of a lady who was invariably thrown into violent spasms upon taking even a very small quantity of milk. Had often thought about babies' convulsions and milk since he knew of this case.

DR. C. PEARSON highly recommended sweet whey. He knew of nothing that would correct indigestion in babes equal to it. Another favorite article of baby's diet was flour, boiled for four or five hours, in a lump, and then shaved down and made into victuals. He had had a child under his care, who was affected by milk much as the lady was whom Dr. McManus referred to. Cow's milk, when given to babies, should be warm from the cow.

DR. JAMES B. OWENS. When a child is running down, becoming emaciated, with loss of appetite and indigestion, and no medicine seems to do any good, take a nice sweet piece of pickled pork, boil it thoroughly until very soft, and let the baby eat it, giving small pieces at a time. They will eat it with a relish, and soon begin to improve.

DR. R. LUDLAM said, that a friend of his, who had a large experience with babies, gives oatmeal boiled four hours, and after that a little milk, or condensed milk, should be added. In regard to the white of egg, it is to be remembered that albumen will not dissolve in water unless a little salt be added. He had some confidence in Graham flour, and in the flour as used by Dr. Pearson. He also used wheat flour boiled for three quarters of an hour, and then strained through a cloth, and fed to the babe out of a cup, or with a spoon. Much salt should not be given to babies. He knew nothing about pickled pork. Cow's milk should not be taken from any cow, and he agreed that it was best when warm from the animal. A physician he knew of was in the habit of prescribing pepsin for indigestion of infants, two or three times a day. Dr. L. had used boiled carrots.



## BUREAU OF PSYCHOLOGICAL MEDICINE.

DR. C. PEARSON, of Cleveland, read his paper on "*The Importance of Mental Symptoms in our Proving and Prescriptions.*" Accepted and referred.

DR. G. W. SWAZEY presented a paper on Vital Dynamics, by Dr. J. H. P. Frost, of Danville, Pa., and read extracts from the same. He commended the paper in high terms for its thoroughness and laborious research. Accepted and referred.

DR. T. L. BROWN, of Binghamton, N. Y., addressed the Institute at great length upon the subject of the prevention of disease by the abolition of liquors, tea, coffee, tobacco, and all other stimulants and narcotics, contending that very many of the ailments to which flesh is heir arise from the use of these articles. He was sure that the race would be benefited if they were stricken from the supply list. The Doctor said he made his speech because he wished to repay, in a measure, the debt he owed the Institute for the good it had done him.

## EVENING SESSION.

## BUREAU OF MEDICAL LITERATURE.

DR. S. LILIENTHAL made the report of this Bureau, and read papers prepared by himself and by Dr. S. Jones, of Englewood, N. J. Papers accepted, referred, and Bureau closed.

• DR. W. H. WATSON offered the following resolution, which was unanimously adopted:

*Resolved*, That homœopathists everywhere should strenuously insist upon the non-violation of the great fundamental American principle of "No taxation without representation," by sectarian monopoly of national, state, county, or city institutions supported by legal assessment, or of those private eleemosynary institutions which derive their support from individual contributions.

*Resolved*, That the recognition of this principle by the Legislature of Michigan, by its action at its recent session in creating professorships of Homœopathy in the University of that State, meets with the most hearty approval of this body.

## BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.

DR. P. DUDLEY was the only member of this Bureau present. He read a very interesting and valuable paper supplementary to the report of Dr. Kellogg, giving the ratio of mortality under homœopathic and allopathic treatment in various diseases during the year 1872, as compiled from the records in the Health Office at Philadelphia. This paper showed that the general ratio was in favor of homœopathic practice; while in some diseases the deaths were nearly equal under both schools, and in a few instances, as dropsy and scarlet fever, the figures were in favor of allopathic practice. Accepted, referred, and Bureau closed.

The Committee to whom was referred the President's address, reported that after a careful perusal of the address they find themselves unable to give any additional force to its many highly valuable suggestions by any

words of their own, and recommend its publication and careful reading by every physician.

DR. SWAZEY, in behalf of the "veterans," returned thanks for the exemption from further payment of dues by those who had been members in good standing for twenty-five years.

#### COMMITTEE ON A HOMŒOPATHIC DISPENSATORY.

THE SECRETARY made the report of this committee, stating that the work was in a forward state, and would no doubt have been ready for the press ere this but for the lamented illness and absence from home of Dr. Carroll Dunham. In order that the work may be pushed to completion as rapidly as possible, they asked the Institute to add Dr. S. Lilienthal to the committee. On motion, Dr. L. was so added, Dr. Dunham being retained notwithstanding his offered resignation, Dr. Lilienthal declaring that he would work for Dr. Dunham but not in his place.

#### COMMITTEE ON LEGISLATION.

This committee made no report. Dr. I. T. Talbot presented a paper prepared by Dr. T. F. Pomeroy, of Michigan, and signed by him and others, referring to the recent action of the Michigan Legislature in requiring the Regents of the State University to establish and support two homœopathic professorships in that institution. Accepted and referred.

#### A CHARTER FOR THE INSTITUTE.

Dr. I. T. TALBOT offered the following resolution, which was unanimously adopted:

*Resolved*, That the Committee on Legislation be and are hereby instructed to prepare and obtain an act of incorporation for the American Institute of Homœopathy, and report a suitable plan for permanent organization under it.

#### FOURTH DAY.

It was moved and carried that hereafter the report of the *Necrologist* shall be made on the first day of the session.

#### ABORTION AGAIN.

DR. N. F. COOKE introduced another series of resolutions on the subject of abortion, which, although differently worded, conveyed the same meaning as those previously presented, although more elaborately expressed. These resolutions gave rise to quite a lively discussion, and they were disposed of by being laid on the table.

#### COMMITTEE ON COLLEGES.

The Committee on Colleges then presented its report. Allusion was made to a proposition to consolidate the Western colleges, and make one grand School of Homœopathy in the West. Drs. S. R. Beckwith, E. C. Franklin, R. Ludlam, and N. Schneider were successively called to the platform, as representatives of the four Western collegiate institutions, and

each gave his hearty approval of the scheme, and stated his willingness to co-operate with others in bringing it about. Dr. Lillenthal spoke for the New York College, and said he had no doubt but that the East would join in the movement, and if it was thought best, favor the establishment of one central college or university. Finally, on motion, a committee was appointed to consider the subject, and report at the next meeting of the Institute, consisting of Drs. S. R. Beckwith, R. Ludlam, E. C. Franklin, I. T. Talbot, T. F. Allen, H. H. Baxter, T. F. Pomeroy, and C. Ormes.

#### A FAITHFUL OFFICER.

DR. F. R. McMANUS, Chairman of the Board of Censors, presented the final report of the Board. After this had been done Dr. McManus referred to his labors as a member of the Board for a number of years, and alluded in touching terms to the late Dr. Samuel Gregg, of Boston, who was endeared to the members for his urbanity, his efficiency and zeal in the cause of homœopathy, and for many other estimable traits of character.

After Dr. McManus had retired, the Institute passed a special vote of recognition of services and thanks to the faithful Chairman of the Board of Censors, and the Secretary was directed to have them properly engrossed and forwarded to the Doctor.

#### CORRESPONDING MEMBERS.

THE SECRETARY, after making a statement in relation to Dr. Tommaso Cigliano, of Naples, Italy, and Dr. Sambhul Mukhopadhyaya, of Calcutta, India, suggested that they be made corresponding members of the Institute, which was, on motion, agreed to. The Secretary stated that the authorities of Naples were about to make a Chair of Homœopathy in their University, and Dr. Cigliano is an applicant for the professorship. The Sanscrit Doctor is indorsed by Dr. Hering, and is an extensive prover of native drugs.

#### MEDICAL HISTORY OF THE REBELLION.

DR. E. C. FRANKLIN offered a resolution, which was adopted, to the effect that the President and Secretary of the Institute be instructed to petition Congress at its next session, in behalf of homœopathic physicians, to reproduce in sufficient quantity the volumes of the medical history of the civil war.

#### NECROLOGICAL.

DR. I. T. TALBOT then made the report of the Necrologist, Dr. Henry D. Paine, of New York, referring to a number of deceased members.

THE PRESIDENT stated that the Secretary had just received a telegram announcing the death that morning, at Philadelphia, of Dr. David James, an old member of the Institute.

DR. DUDLEY addressed the Institute, paying a tribute to the worth of

Dr. James as a man and a physician, and offered the following preamble and resolution, which were adopted by a standing vote :

WHEREAS, We have just learned with deep regret of the decease, this morning, at his residence in Philadelphia, of David James, M.D., a veteran member of this Institute and one of the earliest and most self-sacrificing champions of homœopathy in America, therefore

*Resolved*, That we recognize in his death a serious loss, alike to the profession and the community, and that we tender to his family our warmest sympathies in their affliction which has separated from them a loved husband and an honored father.

THE PRESIDENT attempted to make some remarks on the death of Dr. James, but was overcome with emotion.

DR. T. F. SMITH, of New York, presented the report of the Committee on Credentials, showing that one hundred and forty-three members attended the session. Accepted and referred.

#### THE WORLD'S HOMŒOPATHIC CONVENTION.

DR. P. DUDLEY, Secretary of the Committee, presented the Report. The Doctor will furnish a statement of the business done by the Committee, which we will publish with our next number.

#### BUREAU OF PÆDOLOGY.

It was moved and carried that a Bureau of Pædology be instituted. The Chair then appointed the members of the new bureau.

DR. BAXTER invited the Institute to visit the Cleveland Homœopathic Hospital. The invitation was accepted, with thanks.

#### ELECTION OF OFFICERS.

The Institute then proceeded to elect officers, with the following results :

*President*—J. J. Youlin, M.D., Jersey City, N. J.

*Vice-President*—N. Schneider, M.D., Cleveland, O.

*General Secretary*—Robert J. McClatchey, M.D., Philadelphia.

*Provisional Secretary*—Bushrod W. James, M.D., Philadelphia.

*Treasurer*—E. M. Kellogg, M.D., New York.

*Censors*.—F. R. McManus, M.D., Baltimore; T. F. Pomeroy, M.D., Detroit; H. H. Baxter, M.D., Cleveland; A. R. Wright, M.D., Buffalo, N. Y.; Mary S. Blake, M.D., Boston.

The Institute then adjourned.

#### TIME AND PLACE OF NEXT MEETING.

The Institute adjourned to meet at Niagara Falls, on the first Tuesday in June, 1874. The Executive Committee were empowered to change the time to the second Tuesday in June, if it should be deemed advisable.

The *Committee of Arrangements* consists of the Executive Committee (officers of the Institute) and the members of the Institute who are residents of Buffalo, N. Y., with power to add to their number.



## BUREAUS AND COMMITTEES.

*Bureau of Materia Medica, Pharmacy, and Provings.*—T. F. Allen, M.D., New York, *Chairman*; H. H. Baxter, M.D., Cleveland; Wallace McGeorge, M.D., Woodbury, N. J.; Wm. E. Payne, M.D., Bath, Me.; E. M. Hale, M.D., Chicago; O. P. Baer, M.D., Richmond, Ind.; J. P. Dake, M.D., Nashville, Tenn.; C. Hering, M.D., Philadelphia; Chas. C. Cropper, M.D., Oxford, O.

*Bureau of Clinical Medicine.*—L. E. Ober, M.D., La Crosse, Wis., *Chairman*; H. B. Clarke, M.D., New Bedford, Mass.; Wm. Eggert, M.D., Indianapolis; E. C. Beckwith, M.D., Zanesville, O.; Geo. A. Hall, M.D., Chicago; W. H. Holcombe, M.D., New Orleans; W. H. Watson, M.D., Utica, N. Y.; David Cowley, M.D., Pittsburg, Pa.; Bushrod W. James, M.D., Philadelphia.

*Bureau of Obstetrics.*—J. C. Sanders, M.D., Cleveland, *Chairman*; J. H. Cooper, M.D., Alleghany City, Pa.; Mary S. Blake, M.D., Boston; O. B. Gause, M.D., Philadelphia; F. B. Mandeville, M.D., Newark, N. J.; R. Ludlam, M.D., Chicago.

*Bureau of Gynecology.*—S. R. Beckwith, M.D., Cincinnati, *Chairman*; S. Lilienthal, M.D., New York; R. B. Rush, M.D., Salem, O.; C. Ormes, M.D., Jamestown, N. Y.; W. Danforth, M.D., Chicago; M. Friese, M.D., Harrisburg, Pa.; W. H. Hunt, M.D., Covington, Ky.

*Bureau of Pædology.*—T. C. Duncan, M.D., Chicago, *Chairman*; Emma Scott, M.D., New York; F. R. McManus, M.D., Baltimore; C. H. Niebelung, M.D., St. Louis; H. N. Martin, M.D., Philadelphia; N. R. Morse, M.D., Salem, Mass.

*Bureau of Surgery.*—E. C. Franklin, M.D., St. Louis, *Chairman*; N. Schneider, M.D., Cleveland; L. Pratt, M.D., Wheaton, Ill.; W. T. Helmuth, M.D., New York; L. H. Willard, M.D., Alleghany City, Pa.; H. F. Biggar, M.D., Cleveland; J. H. McClelland, M.D., Pittsburg, Pa.; Malcolm Macfarlan, M.D., Philadelphia; Giles M. Pease, M.D., Boston; S. R. Beckwith, M.D., Cincinnati; J. G. Gilchrist, M.D., Tidioute, Pa.; M. W. Wallens, M.D., Somerville, N. J.

*Bureau of Ophthalmology and Otology.*—Malcolm Macfarlan, M.D., Philadelphia, *Chairman*; T. P. Wilson, M.D., Cincinnati; H. C. Houghlin, M.D., New York; C. H. Von Tagen, M.D., Cleveland; W. L. Breyfogle, M.D., Louisville, Ky.; W. H. Woodyatt, M.D., Chicago.

*Bureau of Anatomy, Physiology, and Hygiene.*—J. D. Buck, M.D., Cincinnati, *Chairman*; W. Webster, M.D., Dayton, Ohio; Wm. von Gottschalk, M.D., Providence, R. I.; Francis Woodruff, M.D., Ann Arbor, Mich.; A. R. Thomas, M.D., Philadelphia; H. B. Van Norman, M.D., Cleveland.

*Bureau of Psychological Medicine.*—G. W. Swazey, M.D., Springfield, Mass., *Chairman*; Clement Pearson, M.D., Cleveland; J. H. P. Frost, M.D., Danville, Pa.; C. G. Raue, M.D., Philadelphia; George F. Foote, M.D., Middletown, N. Y.; T. L. Brown, M.D., Binghamton, N. Y.

*Bureau of Homœopathic Literature.*—S. Lilienthal, M.D., New York, *Chairman*; S. A. Jones, M.D., Englewood, N. J.; George E. Shipman, M.D., Chicago.

*Bureau of Organization, Registration, and Statistics.*—T. S. Hoyne, M.D., Chicago, *Chairman*; P. Dudley, M.D., Philadelphia; H. M. Smith, M.D., New York; W. M. Williamson, M.D., Philadelphia; M. F. Page, M.D., Appleton, Wis.; E. U. Jones, M.D., Taunton, Mass.; Francis Hiller, M.D., San Francisco.

*Committee on Homœopathic Dispensatory.*—Carroll Dunham, M.D., New York; T. F. Allen, M.D., New York; H. M. Smith, M.D., New York; F. A. Rockwith, M.D., Newark, N. J.; F. E. Boericke, M.D., Philadelphia; J. J. Mitchell, M.D., Newburgh, N. Y.; C. Hering, M.D., Philadelphia; R. J. McClatchey, M.D., Philadelphia; S. Lilienthal; M.D., New York.

*Committee on Climatology.*—M. M. Marix, M.D., Denver, Col., *Chairman*; W. E. Payne, M.D., Bath, Me.; W. H. Holcombe, M.D., New Orleans; J. G. Gilchrist, M.D., Tidioute, Pa.; A. R. Wright, M.D., Buffalo, N. Y.; T. C. Duncan, M.D., Chicago, Ill.; W. H. Leonard, M.D., Minneapolis, Minn.; F. Hiller, M.D., San Francisco, Cal.

*Committee on Legislation.*—I. T. Talbot, M.D., Boston, *Chairman*; R. J. McClatchey, M.D., Philadelphia; J. P. Dake, M.D., Nashville, Tenn.; T. S. Verdi, M.D., Washington, D. C.; E. M. Kellogg, M.D., New York; H. M. Paine, M.D., Albany, N. Y.; E. D. Jones, M.D., Albany, N. Y.

*Committee on Foreign Correspondence.*—E. B. de Gersdorff, M.D., Boston, *Chairman*; W. P. Wesselhæft, M.D., Boston; J. H. Pulte, M.D., Cincinnati; T. S. Verdi, M.D., Washington, D. C.; C. A. Bacon, M.D., New York.

*Committee on Colleges.*—David Thayer, M.D., Boston, *Chairman*; J. P. Dake, M.D., Nashville; John C. Morgan, M.D., Philadelphia.

*Necrologist.*—Henry D. Paine, M.D., New York.

#### NEW MEMBERS ADMITTED DURING THE SESSION.

Henry H. Bartlett, M.D., Geneva, Ohio; Cleveland Homœopathic Hospital College, 1869.

Clarence W. Prindle, M.D., Grand Rapids, Mich.; Hahnemann Medical College of Chicago, 1871.

Julia A. Dunning, M.D., Corry, Pa.; Cleveland Hom. College, 1871.

George H. Patchen, M.D., Burlington, Iowa; New York Homœopathic Medical College, 1868.

William H. Jenny, M.D., Kansas City, Kansas; Homœopathic Medical College, Cleveland, 1861.

Everett W. Fish, M.D., Cincinnati, Ohio; Homœopathic Medical College of Missouri, 1868.

Gaius J. Jones, M.D., Grafton, Ohio; Cleveland Homœopathic Hospital College, 1872.

Isaiah J. Whitfield, M.D., Grand Rapids, Mich.; Cleveland Hospital College, 1870.

Dr. W. S. Purdy, member of State Homœopathic Medical Society; President of Stuben County Homœopathic Society, Corning, State of New York; a licentiate of the Tompkins County, New York State, Medical Society, 1833.

Charles A. Norton, M.D., Portsmouth, N. H.; Bowdoin Coll., 1860.

Francis R. Schmucker, M.D., Reading, Berks County, Pa.; New York Homœopathic Medical College, 1873.

Elhanan Z. Schmucker, M.D., Reading, Berks County, Pa.; Hah. Medical College, Philadelphia, 1870, and New York Hom. Coll., 1871.

Thomas B. Benedict, M.D., Ionia, Michigan, Western Homœopathic College, Cleveland, 1861.

James A. West, M.D., Geneseo, Livingston Co., N. Y., Hahnemann Medical College, Philadelphia, Pa., 1868.

Paul D. Liscomb, M.D., Beaver Falls, Pa., Cleveland Hom. Coll., 1866.

George H. Greely, M.D., Syracuse, N. Y., New York Homœopathic College, 1865 or 1866.

Chester Smith, M.D., Portland, Ionia Co., Mich., Western Homœopathic College, Cleveland, 1859.

Mary A. B. Woods, M.D., Erie, Pa., Cleveland Hom. Coll., 1864.

Edwin H. Hurd, M.D., Rochester, N. Y., Geneva Medical College, N. Y., 1847.

Wm. H. Woodyatt, M.D., Chicago, Ill., Cleveland Hom. Coll., 1869.

Corresta T. Canfield, M.D., Titusville, Pa., Cleveland Hom. Coll., 1872.

Lemuel Judson Hunt, M.D., Covington, Pulte Med. Coll., 1873.

Benjamin F. Bailey, Jr., M.D., Lansing, Mich., Cleveland Homœopathic College, 1860.

Dexter Hitchcock, M.D., Norwalk, Conn., N. Y. Hom. Med. Coll., 1873.

George D. Allen, M.D., Portland, Iona Co., Mich., Cleveland Homœopathic Medical College, 1866.

James Rust, M.D., Wellington, Ohio, Cleveland Hom. Coll., 1866.

Jerome B. Frazer, M.D., Conneautville, Crawford Co., Pa., Western Homœopathic College, Cleveland, Ohio, 1859.

Wm. M. Detwiler, M.D., Findley, Ohio, Cleveland Homœopathic Hospital Coll., 1867.

E. M. Scheurer, M.D., Clearfield, Pa., Hah. Med. Coll. of Phila., 1871.

C. S. Eldridge, M.D., Chicago, New York Hom. Med. Coll., 1861.

R. F. Turner, M.D., Wheeling, W. Va., Cleveland Hom. Coll., 1860.

A. C. McChesney, M.D., College Hill, O., Ohio Med. Coll., 1849.

A. B. Cassaart, M.D., Otsego, N. Y., New York Hom. Med. Coll., 1869.

J. B. Hunt, M.D., Indianapolis, Cleveland Hom. Coll., 1863.

E. W. Robertson, M.D., Cleveland, Michigan University, 1854.

E. M. Hall, M.D., Fredericktown, O., Cleveland Hom. Coll., 1871.

E. V. Van Norman, M.D., Springfield, O., Cleveland Hom. Coll., 1870.

H. Anna Warren, M.D., Emporia, Kan., Cleveland Hom. Coll., 1863.

- Sara B. Ohase, M.D., Brownhelm, O., Cleveland Hom. Coll., 1869.  
 Oliver L. Bradford, M.D., Andover, Mass., Cleveland Homœopathic College, 1861.  
 W. P. Armstrong, M.D., Paris, Ill., Cleveland Hom. Coll., 1866.  
 E. P. Gaylord, M.D., Toledo, O., Hom. Med. Coll. of Penna., 1854.  
 W. A. Phillips, M.D., Cleveland, O., Hom. Med. Coll. of Mo., 1867.  
 Geo. C. McDermott, M.D., Warren, Pa., Cleveland Hom. Coll., 1870.  
 M. P. Hayward, M.D., Oberlin, O., Hom. Med. Coll. of Penna., 1857.  
 W. F. Schatz, M.D., Columbus, O., Hahnemann Medical College of Chicago, 1864.  
 A. Le Roy Fisher, M.D., Elkhart, Ind., Hah. Med. Coll. of Phila., 1871.  
 H. P. Mera, M.D., Rochester, N. Y., Hahnemann Medical College of Philadelphia, 1869, &c.  
 J. Pettet, M.D., Cleveland, Cleveland Hom. Coll., 1869.  
 E. H. Stilson, M.D., Keokuk, Iowa, Hah. Med. Coll. of Phila., 1871.  
 W. H. Leonard, M.D., Minneapolis, Minn., Yale College, 1853.  
 W. L. Breyfogle, M.D., Louisville, Ky., Homœopathic Medical College of Pennsylvania, 1866.  
 W. M. Buller, M.D., Montclair, N. J., College of Physicians and Surgeons, N. Y., 1873.  
 C. R. Dake, M.D., Brooklyn, N. Y., College of Physicians and Surgeons, N. Y., 1873.  
 M. H. Parmelee, M.D., Toledo, O., Hahnemann Medical College of Chicago, 1870.  
 Jennie Ensign, M.D., New York, New York Eclectic College, 1871.  
 I. N. Eldridge, M.D., Flint, Mich., Cleveland and New York Homœopathic Colleges, 1863-67.  
 M. H. Waters, M.D., Terre Haute, Ind., New York Homœopathic Medical College, 1865.  
 M. B. Lukens, M.D., Cleveland, Cleveland Hom. College, 1870.  
 O. S. Runnels, M.D., Indianapolis, Cleveland Hom. College, 1871.  
 James Wenz, M.D., New Orleans, St. Louis Hom. Med. Coll., 1869.  
 J. H. Buffum, M.D., Pittsburg, Pa., N. Y. Hom. Med. Coll., 1873.  
 R. E. Caruthers, M.D., Alleghany, Pa., Hahnemann Medical College of Philadelphia, 1873.  
 E. B. Chantler, M.D., Alleghany, Pa., Hahnemann Medical College of Philadelphia, 1873.  
 John B. Hull, M.D., St. Paul, Minn., Cleveland Hom. Coll., 1862.  
 W. K. Williams, M.D., Philadelphia, Hah. Med. Coll. of Phila., 1871;  
 George Bollen, M.D., Mt. Barker, South Australia, Hahnemann Medical College of Chicago, 1873.  
 E. C. Morrill, M.D., Norwalk, O., Cleveland Hom. College, 1866.  
 Hiram W. Carter, M.D., Cuyahoga Falls, O., Cleveland Homœopathic College, 1869.  
 M. T. Wilson, M.D., San Francisco, Hom. Med. Coll. of Penna., 1869.  
 F. Hiller, Jr., M.D., San Francisco, Hah. Med. Coll. of Phila., 1873.

Total, 71.



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140. sp.  $\pi$ . All the parts around the ear feel swollen and uncomfortable; slight pain in the (right) deaf ear, extending up into the temple, with external sensitiveness. L. N.  
 . r. Pain in parotid region alternates with pain above eyes. 116.  
 . sp.  $\pi$ . Behind the ear, pain from neck. 347.  
 . Headache extending to the ear. \*82.

### Nose.

- . Sneezing from smelling squeezed ants. 103.  
 145. th. Sneezing and fluent coryza, followed by a severe pain in the vertex, like a stitch from a dull instrument, a little to the left of the middle; near 9 P. M. The coryza lasted but fifteen minutes, the pain longer. C. Hg.  
 . sp. Several days after ceasing to take the remedy, she got a cold in the head, very common to her, but only on the right side of the nose, and affecting the right eye. It lasted two days, then suddenly disappeared without going to the left side, which had always been the case in former attacks. T.  
 . sp. Cold in the head coming on in the afternoon. 86.  
 . sp.  $\pi$ . In the evening suddenly attacked with a cold in the head, (right side), without any other symptom of having previously taken cold; passed away in about half an hour. L. N.  
 . s. Fluent, thin, acrid coryza, causing a burning in the nose; nose sore to the touch, feels as if stopped up. N. K.  
 150. \*Catarrh. Lesser.  
 . \*An old man had something grown inside of his nose. Advised to collect red ants in an earthen bottle, roast them, make a powder and snuff it; he did so, and it cured him completely. The ants were 3-16th of an inch in length, and collected near Pittsburg. *Relata refero*. C. Hg.

### Face, Lips, and Teeth.

- . sp. The entire left side of the face and the cheek feel as if paralyzed, as if everything was hanging down loosely. C. Hg.  
 . s. Pain with soreness in maxillary bone. 162.  
 . s. Face very hot. 601.  
 155. s. Very red cheeks in the evening, which burn so much as to feel uncomfortable; 1st day. Px.  
 . s. Swelled cheek with toothache. 163.  
 . sp.  $\pi$ . After taking the first powder, the blister on the face, for which the medicine was given, seemed rather smaller and harder. After the second it was softer and felt sore, and a small pimple appeared on the face. The morning after the third the surface of the blister was irregular. L. N.  
 . r. Stiffness of the articulation of jaws, cannot open her mouth. 17.  
 . s. Superior maxillary bone and teeth pain with soreness. 162.

160. s. Lower lip dry and cracked; 4th day. Soreness at the corners of the mouth; 6th day. H.  
 . s. Teeth felt elongated; 5 P. M., 2d day. C.  
 . s. Tearing, drawing, grumbling pain in the two incisors, the superior maxillary bone, right side, with much soreness; 5 P. M. 5th day. C.  
 . s. Dull pressing pain in a carious tooth, with inflamed gums and swelled cheek. N. K.  
 . \*Grumbling in the teeth during the afternoon, from draught. Pehrson.  
 165. \*Pain in decayed last molar, left side. Pehrson.  
 . \*Toothache from a draught of air. Pehrson.  
 . s. Gums inflamed, 163; \*scurfy. Wendel.

### *Taste and Tongue.*

- . sp.  $\pi$ . Watery taste in the mouth, very offensive to him. M.  
 . sp.  $\pi$ . Water tastes badly, sweetish and insipid. 188.  
 170. sp. After using with his meal some fat, it being fresh and sweet, he has a long lasting after-taste, which finally turns into a decided rancid taste; 6th and 7th day. C. Hg.  
 . sp.  $\pi$ . Root of tongue is sore, L N; to the tip a stinging, 173.

### *Mouth and Throat.*

- . sp. Mouth smarts from sour rising. 201.  
 . s. Sensation of stinging in the palate, worse from eating, smoking, or contact; stinging continued for 2 days, and then extended to the tip of the tongue; 2d day, 12 M. N.  
 . s. Difficult deglutition, sense of contraction in the oesophagus; food passes with difficulty and causes pain; sensation continued about 12 hours; 3d day, 12 M. N.  
 175. s. Slight pain in the right side of the pharynx during empty deglutition; 4th day, at noon. H.  
 . th. In fauces and throat a cold feeling like mint. 714.  
 . sp. Throat smarts from sour rising. 201.  
 . sp.  $\pi$ . Several times she got up in the morning with a very sore throat and earache in both ears. L. N.  
 . sp.  $\pi$ . She had a dry throat all night, could scarcely speak; when she got into a position, in which she could sleep a little, the dryness of the throat woke her out of it. G.  
 180. \*Sore throat, more on the left side. Pehrson.  
 . \*Sore throat in the morning with much mucus. Pehrson.  
 . s. Dry huskiness and sore feeling in the throat. N. K.  
 . t. Rattling in the throat. 687.  
 . sp.  $\pi$ . When hawking and gargling, pain in the neck. 346.  
 185. Much mucus with sore-throat. \*181.

**Hunger and Thirst.**

- . th. After 9 o'clock, hunger, (something quite unusual at this time), then pain below the knees and in the shins; 20 min. after 9. C. Hg.
- . t. Violent thirst. 687.
- . sp.  $\pi$ . All day much thirst, but the water tasted very badly, sweetish and insipid. G.
- . sp. Aversion to Irish whiskey. 733.
- 190. sp.  $\pi$ . While eating and chewing, especially when closing the jaws, severe pain in neck. 347.
- . r. While eating, giddy. 30.
- . s. After dinner, headache. 77.
- . s. Worse from eating, stinging in palate. 173.
- . th. After eating some water soup, (made from scalded rye bread with cream), he all at once becomes very sleepy and falls asleep in his chair; on awaking, does not as usual feel refreshed, but goes immediately to bed and falls asleep at once. C. Hg.
- 195. s. After breakfast another stool. 257.
- . s. After supper, headache relieved. 62.
- . s. After a drink of cold water pain around navel. 237.
- . sp.  $\pi$ . After drinking tea, copious sweat. 611.

**Belching and Vomiting.**

- . It is remarkable how much wind the eggs produce if taken inwardly by a single drachm. Lesser.
- 200. s. Belching of wind, tasting sour. N. K.
- . sp. Acrid eructations and rising of fluid from the stomach, tasting like sour food; cause the mouth and throat to smart; 2d d. St.
- . sp.  $\pi$ . Frequent belching, without any relief. 610.
- . sp. Nausea each time after taking a dose. 89, \*90b.
- . sp. Nausea with headache; 88; r. 49, \*90b.; and abating of headache, \*83.
- 205. r. Nausea in the morning, followed by stitches in left ear, lasting all day; 8th day. A. L.
- . r. Nausea in the night, and little sleep. 541.
- . t. *Nausea and vomiting.* 687.
- . r. Nausea and vomiting of yellowish bitter mucus in the morning; 6th and 10th day. A. L.
- . r. Vomiting of green bitter mucus, with headache and stitching in the ear; 9 P. M., 16th day. A. L.
- 210. sp. Vomiting with headache, 89; r. 90.
- . sp.  $\pi$ . Vomiting with diarrhœa, in the evening, 252; with cough, \*327.

**Stomach and Hypochondria.**

- . sp. Oppression and weight in stomach. 216.
- . sp. At 6 P. M., 4 hours after dinner, a constant pressure at the

- cardiac end of the stomach, as if something had lodged there. C. Hg. b.
- . s. Severe pain in the stomach during the evening, cramp-like, with passage of flatus from the bowels, which gave relief. N. K.
  - 215. t.  $\pi$ . Causes warmth and burning in the stomach, acceleration of the pulse, increased urination, increased transpiration, excitement of the sexual organs, a viscous stinking urine, *with gouty patients*. Voigt. Strumpf.
  - . sp. Burning pain in stomach, with oppression and weight. Br.
  - . fl. Inflammation of the stomach and smaller intestines. T. Rabbits dying in 3 to 19 hours. Mitcherlich.
  - . s. A sensation of heat in the epigastrium, extending over a large space. N. K.
  - . s. Pain in epigastric region, extending from left to right, then shifting to the top of the head, and followed by creeping down the back; 10 P. M., 3d day. N.
  - 220. s. Stitching pain in region of liver; again in right hypochondriac region. N. K.
  - . t. Liver large, pale, putrid, easily broken. 687.
  - . sp. Dull pain in the region of the spleen. N. K. Same from *subsericea*. N. K.
  - . s. Pain as if bruised beneath the short ribs when taking a deep inspiration. Dull pain beneath the short ribs. N. K.

### Abdomen.

- . s. In the bowels great weakness after stool. 263.
- 225. sp.  $\pi$ . Had severe pain in the belly, and shuddering chilliness. This happened two evenings in succession. Gf.
- . s. Pain in lower umbilical region before diarrhœa. 262.
- . s. Continued pain in descending colon; 4th day. H.
- . s. Pain in upper hypogastric region, before diarrhœa. 262.
- . s. Colicky pain in lower belly. 263.
- 230. t. Intestines pale, brownish, distended with gas. 687.
- . \*Hardening of mesenteric glands. Zwinger.
- . r. Rumbling in the bowels, with a nervous feeling, as from strong coffee; 3d day. S.
- . s. Much pain in transverse and descending colon, from incarcerated flatulence; was obliged to rise in the morning on waking; 6 A. M., 4th day. H.
- . s. Rumbling in bowels with diarrhœa. 257.
- 235. \*In Peru they use ants for flatulency. Pœppig.
- . s. Abdomen, warmth. 607.
- . s. Pain as if bruised in the umbilical region, extending across the abdomen, after taking a drink of cold water. N. K.
- . s. Itching of the abdomen and trunk, (well marked). 720.



**Rectum.**

- . th. In rectum urging like diarrhoea. 247.
- 240. r. Painful desire in rectum and anus for stool, which, however, did not pass; 3d day. S.
- . r. Pressure in the rectum; 3 days. C. G.
- . r. Compelled to get up for stool. Dysenteric feeling; 3d day. S.
- . r. Pressure in the rectum, worse in the evening and in bed; several days. C. G.
- . s. Violent tenesmus with a second stool; 9 A. M., 4th day. H.
- 245. s. Feeling as if the mucous membrane of rectum were thickened and stiff. 259.

**Flatus and Stools.**

- . th. Small, very fetid flatus, almost putrid, (had eaten for dinner only barley soup and beef.) C. Hg.
- . th. Difficult passage of small quantities of flatus in the morning hours; afterwards diarrhoea-like urging in the rectum. C. Hg.
- . sp. The winds pass from the anus with more force than usual; 3d and 4th day. C. Hg.
- . s. Flatus passing and relieving. 214, 263.
- 250. th. All the evening a sensation as though diarrhoea would set in; this sensation is, however, only in the anus. C. Hg.
- . fl. Finally, with much yawning, a sensation as if diarrhoea would set in, followed by a regular stool, the last part of which was thinner, having a peculiar smell, known to the prover, but he could not define it. C. Hg.
- . sp. π. After having a thin evacuation with belly-ache, every morning for a week, without much relief from the eruption, there appeared in the evening, at 8 or 9 o'clock, violent diarrhoea, and vomiting. G.
- . sp. π. In the morning second stool. G.
- . r. Soft, pappy discharge from the bowels in the morning; 2d day. S.
- 255. r. A loose diarrhoeic stool, (after 242), which left a desire for another stool, with an uncomfortable feeling in the anus, as if the passage were not all through, and more must pass; 3d day. S.
- . r. Instead of one (as the rule is) two stools daily for four days. C. G.
- . s. Diarrhoea early in the morning as soon as awaking; compelled to go to stool at once with rumbling in the bowels. Stool soft and painless; another stool, immediately after breakfast, with urging; 4th day. B. a.
- . s. Loose stool, 8 A. M.; 2d day. B.
- . s. Soft, pappy stool in the morning, with inclination to sit at stool; the 3d week. Same every morning to the 20th day, when it was normal again; with the passage a feeling as though the mucous membrane was thickened and stiff. B. b.

260. s. Stool papescent, followed by constriction of the anus; 4th day. II.
- . s. Slight diarrhoea; two small passages, painless, in the morning 4th day. N.
  - . s. Diarrhoea, with some tenesmus; pain in lower umbilical and upper hypogastric regions, before moving the bowels; relieved after stool; 2d day. E.
  - . s. Colicky pain in lower part of abdomen, flatus passing relieved but momentarily; followed by passing a soft stool with heat and burning irritation of anus, and a sensation of great weakness in the bowels. N. K.
  - . \*Tapeworm. Lesser.
265. \*White stools. Pehrson. Comp. 272.
- . \*Diarrhoea after the meals or only during the day, not at night, or day and night, or before midnight. Pehrson.
  - . \*Diarrhoea of children. Pehrson.
  - . r. Evacuation of bowels with difficulty, but painless, ending with thin faeces; 2d day. W.
  - . s. Increased constipation for two or three days; 3d day. B. b.
270. s. Constipated stool, passed but two small balls after much straining; 2d day, 11 A. M. H.
- . s. \*Was troubled with constipation and sensation of constriction of sphincter ani, relieved of these symptoms entirely; afterwards the diarrhoea set in. E.
  - . s. The discharge becomes scanty and pale again, the pain in the back diminished; 6th day. Continue to disappear 7th day, ceased 8th day. N. K.
  - . s. Bowels always having been costive are now more regular; 4th and 6th day. K.
  - . s. After stool bellyache relieved; great weakness in bowels. 262.

### *Anus.*

275. s. Constriction of anus after stool, 9 A. M.; 4th day. II.
- . th. Only in anus sensation as if diarrhoea would set in. 250.
  - . r. Sensation of constriction in the anus; 3 days. C. G. s. After stool. 260.
  - . s. Intolerable itching about the anus, relieved by scratching; afternoon, 3d day. H.
  - . s. Itching in anus, relieved by scratching; 10 P. M., 2d day. N.
280. sp. For the first time in her life, protruding painful piles; they appeared without constipation, lasted a week, and then disappeared, 3d day. T.

### *Kidneys and Urethra.*

- . T. fl. Hyperæmia of kidneys, cylindrical casts and bloody urine, (like in morbus Brighti). Mitcherlich.
- . fl. Acts on kidneys like the Cantharides. Mitcherlich.

- . fl. Urine has acid reaction. Mitcherlich. \*Gravel. Wendt.
- . s. Urine like saffron, bright yellow, passes often; no sediment; 4th day. G.
- 285. T. Bloody urine. 281. T. Viscous stinking urine with gouty patients. 215.
- . T. Increased urination, 215; diuretic. Strumpf.
- . sp. Urinating in the morning, has to get up. 558.
- . s. Double the quantity of urine, even at night; 3d day. B. b.
- . s. Frequent urinations, urine darker; 5th and 6th day. G.
- 290. T. Easier after urinating; they feed again; (rabbits.) 597.
- . \*Paralysis of bladder. Wendt.
- . r. Sensation of pain in the forepart of the urethra; 3d day. W.

### *Sexual Powers and Parts.*

- . Black ants in oil, standing for three weeks, applied to the mouth of the urethra promotes erection, tension of penis and more secretion. Sadduck. Ebn. Baithar.
- . Exciting sexual powers. F. Platerus.
- 295. T. Increases the sexual desire, and their acid odor enlivens the spirits. Lesser. Comp. 215. sp. 300.
- . s. Great sexual excitability; 4th day. E.
- . sp. In the forenoon erections while riding in his carriage; 5th day. C. Hg.
- . sp. Insufficient erections during coitus. 308.
- . sp. Long lasting erections after urinating in the morning. 558.
- 300. sp. In the morning strong erections, with increased sexual desire; 6th day. C. Hg.
- . s. Vivid lewd dreams at night, erection and seminal emissions; 2d, 3d and 4th day. Px. Comp. 538.
- . \*Seminal emissions. C. Hg.
- . sp. \*Weakness of sexual organs. Schreger.
- . \*Scanty ejaculation with incomplete erection. Pehrson.
- 305. th. On ascending the staircase leading to his chamber, he feels that the sexual parts have gone to sleep. C. Hg.
- . s. Hot, red swelling of the prepuce; secretion of smegma much increased; 5th and 6th days; lasting a week. G.
- . sp. A kind of nervous, floating (schwebend) and jerking pain in the left half of penis and region of prostata, very often repeated; 5th and 6th days. C. Hg.
- . sp. Itching on the scrotum; during coition insufficient erection, in the morning the same pain in the occiput as before. C. Hg.
- . \*Uterine complaints. Lesser.
- 310. s. Menses after having always been regular before, appeared rather scanty and pale, with bearing down pain in back; 3d day; darker 4th day; continued with crampy pains through the hip-joint and pelvis; 5th day. K.

- . th. Immediately very violent penetrating itching at the right nipple (of a male). b. C. Hg. Comp. 714.
- . \*Lack of milk with nursing women. C. Hg.

### *Cough.*

- . s. Irritation in larynx, causes cough. 323.
- . \*Hoarseness with a sore throat. Pehrson.
- 315. \*There is a small piece of phlegm in the larynx which cannot be brought up by coughing. Pehrson.
- . T. Oppression, nausea and vomiting. 687.
- . T. Laborious breathing. 597.
- . s. Could not breathe for a moment, with stitches in chest. 334.
- . r. Sensation of adhesion, drawing a long breath. 332.
- 320. sp. A full inspiration pains in chest. 328.
- . r. Drawing a long breath, pain in chest, stitching as from adhesion. 332.
- . s. Taking a deep inspiration, pain beneath the short ribs. 223.
- . s. Cough from irritation in the larynx, with loose expectoration during the day. N. K.
- . \*Tedious long lasting cough. Pehrson.
- 325. \*Cough worse at night and from motion. Pehrson.
- . \* Cough with both an aching in the forehead, and a constrictive pain in chest. Pehrson.
- . \* Violent attacks of cough with vomiting, day and night. Pehrson.

### *Chest.*

- . sp. Pain in the chest when taking a full inspiration. N. K. Comp. 332, 437.
- . Constricting pain in chest, with the cough. \*326.
- 330. s. Pain in lower part of left breast, followed in two minutes by the same sensation in the right; with a continual chilliness down the back and lower extremities; 8 P. M., 3d day. N.
- . s. Sudden pain in left lung, followed by a sensation as if falling; 1st day. Px.
- . r. After sleepiness in the afternoon, pain in left side of chest, continuing one hour and a quarter; better when walking, worse when sitting and when drawing a long breath, with the crampy stitches and the sensation of an adhesion; 10 P. M., 11th day. A. L.
- . r. Stitches in left side of chest on waking in the morning; 16th day. A. L. Comp. 90.
- . s. Stitching pain in the right side of chest, could not breathe for a moment; 4½ P. M., 4th day. C. G.
- 335. \*Pleuritic pains. Strumpf. Pehrson.
- . T. Congestion to the chest. 687
- . s. Warmth in lower part of chest. 607.




**Heart.**

- . r. Uneasy pain in region of heart, lasting half an hour; 10 P. M., 1st day. W.
- . sp. In the afternoon slight palpitation of the heart, lasting about five minutes; 1st day. P.
- 340. sp. Fluttering of the heart. 86.
- . s. Pulse 92, irregular, some fever; 1st day. Px.
- . T. Pulse accelerated, 215. T. Fuller and more frequent. 597.

**Neck.**

- . th. Pressing pain in left side of neck. 16
- . fl. In the evening, pains in the neck, insupportable on looking upwards. C. Hg. b.
- 345. fl. In the neck, pain before a snow storm. 587.
- . sp.  $\pi$  In the morning, gargling her throat, when hawking, suddenly a violent pain in the left side of nape of neck, extending down the left arm; could scarcely move it, the worst was above the elbow; abated in the evening in left arm, but went to the right, where it was worse than before; bending her head back, she could scarcely bring it forward again, on account of the pain. The whole neck stiff, and very painful up to back of head, increasing from the least motion. When she wanted to rise from her bed, she had to press both hands behind the ears. She cried out aloud after the least motion. Gf.
- . sp.  $\pi$  While eating and chewing her food, especially when closing the jaws, she had a severe pain in the left side of the neck, which extended into the back of the head and particularly behind the ear. Gf.
- . sp.  $\pi$  After sitting up the pain in the neck became worse again, but was relieved by the application of a hot iron. Gf.
- . sp.  $\pi$  Into the neck pain with the least turn or twist. 477.
- 350. sp.  $\pi$  The pain less in the arms, worse in the neck and head; now only in left side of neck, where it had commenced. Could lie on right side, but not on the left. Although less pain in right arm, she could not raise it to the head. *Chamomilla*<sup>20</sup>, in water, relieved it, took about six or seven times, slept a little, and after waking felt better. She also had perspiration, which ameliorated, and slept better than for a long while. Gf.
- . sp.  $\pi$  Soreness in the neck and up into the head; better by external pressure. Gf.
- . sp. Pain in the neck, Br. More on the left side; when riding in the carriage, as if it would break in two. C. Hg.
- . s. Sensation of stiffness of the neck; same time a stupid feeling in the head, 38.

**Back.**

- . th. Stitches on left side of back. 714.
- 355. sp. Pains in back and hips (39) increased, 7 P.M., and are of a sharp, shooting character, shooting down the thighs. Same in shoulders and down the arms to the hands and fingers. Sensation of pricking over the skin in the region of the pain. Pain more on the left side than the right, St.
- . s. Small jerks along left side of spine in region of ninth rib, like spasms of a small portion of muscles. N. K.
- . fl. Back pains before a snow storm. 587.
- . s. \*Pain in back. 272.
- .  *Affections of spinal cord.* a.a.
- 360. s. Down the back, creeps, 590, 219; chilliness, 330; along the spine, 498.
- . s. Itching on the trunk. 720.
- . sp. Pain in small of back and sacrum. 39.
- . sp. Severe pains in crest and dorsum of ilium, extending across the sacrum with a sensation as though there was powerful traction at the attachment of the muscles; noon, 7th day. St.
- . sp. Very severe pains across the sacrum and dorsum of each ilium; comp. 400 b.; every movement caused severe pain; could only rise with great difficulty from the chair, or walk, or move the body in any way. The sensation was as if the muscles were strained, and on the point of being torn from their attachment; much pain for a while after going to bed; 5 P. M., 12th day; diminished gradually, but is not entirely gone; 17th day. St.
- 365. Small but violent stitches, burning, pricking, pressing, first on right nipple, later on left side of back, much more violent. 714.

**Shoulders and Arms.**

- . sp. In shoulder, shooting pains. 355.
- . s. Shooting pain in region of left scapula, 11½ to 12 P. M., 2nd day. N.
- . sp. Pain on inferior part of scapula. 436.
- . fl. Shoulders pain before a snow storm. 587.
- 370. sp. Shoulder blade itching. 577.
- . sp. Itching in left armpit, followed by a soreness; beside this, also a sore place inwardly, 1st day. Continued soreness, 3rd day; very painful in anterior part of left armpit; later the same in the right armpit and more outwardly for several mornings. C. Hg. b.
- . th. When riding in the carriage a sensation in both arms and hands, as if they had gone to sleep; more in the hands. C. Hg. b.
- . sp. In arms pain, 437; shooting to elbows, 436; stitches, r. 132.
- . sp. π. From neck down left arm; in the evening to right; could scarcely move her arm. 346.

375. r. Violent itching inside of left arm and hand, followed by a red rash, in stripes like the seams of a glove; afternoon, 7th day. A. L. Comp. s. 720.
- . th. Severe pain in the middle of the left upper arm, like a pinching with dull wooden pincers, coming at intervals and lasting half an hour. C. Hg.
  - . th. From elbow to upper arm pain, 380; sp. arm pain, 438; r. left upper arm stitches, 53, 132.
  - . s. Twitching in the triceps muscle, left arm; 9 P. M., 4th day. H.
  - . sp.  $\pi$ . Upper arm, above left elbow, the worst pain. 346.
380. th. Severe pain above the right elbow, on the inner side, increasing in intensity in the direction of the upper arm. C. Hg. b.
- . sp. Rheumatic pain in the right elbow-joint. N. K.
  - . sp. Elbow pain, 437; to elbows from arms, 436.
  - . sp. Forearms, shooting pain, 436; all along the ulna, 389.
  - . r. Biting pain in the left forearm, lasting a short time; 3d day. W.
385. Stitching pain in the course of the ulnar nerve down to the left little finger. N. K.
- . s. Rheumatic pain in the right forearm and wrist. N. K.

### *Hands and Fingers.*

- . th. The hands pain more, sensation as if asleep. 372.
  - . sp. Hand and arm asleep. 557.
  - . sp. Rheumatic pain in the right wrist-joint and in the course of the ulna. N. K.
390. sp. In wrist pain, 435; s. rheumatic pain, 386.
- . s. Burning pain in the left carpal bones; 11 P. M., 4th day. H.
  - . s. Shooting pains in the carpal bones while writing, extending down the third and fourth fingers; 9 P. M., 2d day. N.
  - . sp. In hands, shooting pains. 436.
  - . sp. Since several days a very violent itching in the palm of the left hand. C. Hg.
395. r. Hand itching. 375.
- . s. Palms of hands burn, hands are hot. 601.
  - . s. Tingling in left fingers. N. K.
  - . s. Tearing pain in the middle finger of the left hand; 10.50 A.M., 2d day. C. G.
  - . th. For several days in succession burning stitches in the finger ends, first in the left hand, and worse in the evening, then on the right hand, and worse in the morning, the middle finger most affected. C. Hg.
400. T. One who gathered ants with bare hands into a vessel, soon observed a great inflammation, redness and swelling of the back of the hands; soon after, suppuration under the finger nails, followed by loosening and falling off of the nails. A lead-wash removed the inflammation. Herz in Nasse. Med. Jahr bücher.



**Hips and Thighs.**

- .—b. s. Pain through pelvis as if from one acetabulum to another; 5th day. E.
- . s. Rheumatic pains in both hips from left to right. N. K.
- . s. A severe bruised pain in left hip-joint, so as to interfere with walking. N. K.
- . sp. Pain in the hips (bruised) at night in bed, causing him to change from side to side. N. K.
- . sp. An uneasy painful sensation in the hips and thighs, with a desire to change their position often whilst sitting; 7th day. St.
- 405. sp. Slight pain in hips. 39.
- . sp. Hips pain; increased in the evening. 355.
- . sp. At 7 P. M., slight shooting pains in the hips, shooting down the thighs. 7 P. M.; pains have increased and are more acute and sharp; 10 P. M., 6th day. St.
- . sp. Pain in crest and dorsum of ilium, 307; severe in dorsum of each ilium, 364.
- . s. In hip-joint and pelvis crampy pain, with catamenia. 310.
- 410. s. To lower limbs, from back down, 330; sp. down the thighs, 407; shooting down the thighs, 355; in thighs painful sensation, 404; legs pain, 438.
- . s. Bruised sensation of the lower limbs; 4th day. E.
- . sp. Thigh itching near inguinal region. 717.
- . sp. Extensors of legs more painful. 480.

**Knees, Shins and Feet.**


- . sp. Shooting pains in the thighs down to the knees. 436.
- 415. sp. Pain in the knee-joints (rheumatic), most in the right, increased by walking. N. K.
- . sp. Lancinating pain in the left knee-joint, waking him from sleep. N. K.
- . s. Rheumatic pain in the left knee. N. K.
- . th. At half past nine a burning itching in the bend of the left knee, which increased to an extraordinary degree. C. Hg.
- . th. Pain below the knees. 186.
- 420. fl. In the evening, when walking, the right knee gave way under him on account of a severe pain below the knee. The following day the same, and a hindrance in walking, from a similar severe pain in the middle toe of the left foot. C. Hg. b.
- . th. In the shins, pain. 186.
- . s. Lower part of left tibia, pain. 429.
- . r. After sleepiness in the afternoon, stitches in the ankle of left foot; 4th d. A. L.
- . s. Sharp rheumatic pain in both ankles, much increased by walking. N. K.
- 425. sp. He is woke up at 3 A. M. by a cramp in the soles of his feet, particularly in the fore part and under the toes; more in the



- right foot, less in the left; he had the same when lying on the lounge in a warm room; 4th and 5th days. C. Hg.
- . sp. Late after the proving he is troubled in the night with cramp in both feet, especially in the soles near the toes, and always on a very small spot. C. Hg.
  - . s. Cold feet continually. N. K.
  - . \*Checked foot-sweat. 493.
  - . s. Soon after (432) a burning pain just behind the ball of the first toe of the same left foot; soon after slight pain in the lower part of the tibia of the left leg. H.
430. s. Stinging and burning in the left great toe; 11½ to 12 P. M., 2d. day. N.
- . st. Severe pain in middle toe of left foot. 420.
  - . s. Sharp intermitting pain in the fourth toe of the left foot; 8 P. M., 6th day. H.

### *All the Limbs.*

- . th. As if asleep, both arms and hands. 372.
  - . th. After 376, very similar pains on various parts of the body lower down. C. Hg.
435. sp. Several slight, indefinable sensations in and around the left wrist, followed in ten or fifteen minutes by a pain in the right tendo achillis, at its height after one hour; most in the right upper posterior part of the head. C. Hg.
- . sp. Shooting pains in the thigh, down to the knees; acute pain in the inferior part of the scapula; also shooting pains in the arms extending to the elbows. At 1 P. M. pains more acute; shooting pains in the hands; forenoon, 7th day. St.
  - . sp. Pain in the elbow and wrist of right side; darting, sticking pains in the arm, neck and chest of right side. Br.
  - . sp. Pain in arm and leg of right side; pains mostly in the joints; deep-seated pains as though they were in the bones; the pains shifted about and did not remain long in one spot; relieved by smoking, aggravated by study and sitting quietly; 3d day. Br.
  - . s. Tearing and drawing in the left arm and leg from above downwards; 10 P. M., 3d day. N.
440. s. Aching of the bones, with a feverish state of the system, with fullness and dullness of the head. N. K.
- . \*Gout. Lesser. \*Gouty pain in limbs (applied external). Strumpf.
  - . \*Arthritis vaga. Schreger.
  - . \*In chronic gout and stiffness of joints, ants scalded and the water used as a hot bath. a. a. \*As a steam bath. Hufeland.
  - . \*Old atonic gout. Rink, Schaub, Wendt, Voigt, Schreger.
445. fl. \*Stiffness and contraction of joints. Schreger.
- . \*Rheumatic or gouty pains. Schreger, Strumpf.
  - . \*In old local or general rheumatic affections; internal or external. Schreger, Strumpf.

-  *Rheumatism* appears suddenly, mostly in the joints *with characteristic restlessness; the patients desire motion, although it makes pain more acute.* C. Hg.

### ***Positions and Motions.***

- sp. Lying on a lounge in a warm room cramp in soles. 425.
- 450. sp.  $\pi$  Could lie on the right side, not on the left. 350.
- sp. Whilst sitting after a walk, pain in hips increase. 451.
- sp. Sitting quietly aggravates pain. 438. B.
- Sitting up, headache worse. \*906.
- r. Worse when sitting, pain in chest. 332.
- 455. sp.  $\pi$ . After sitting, pain in neck worse. 348.
- s. When writing, dizzy. 29.
- s. While writing, pain in carpal bones. 392.
- sp.  $\pi$  Bending head back, could scarcely bring it forward. 346.
- s. Worse when stooping; headache. 76.
- 460. r. Attempting to rise, giddy. 28.
- sp. Rising with difficulty from the chair. 364.
- sp.  $\pi$ . Could not raise right arm to the head. 350.
- r. When walking, pain in chest better. 332.
- s. Interferes with walking, pain in hip-joint. 402.
- 465. s. Walking increases pain in ankles. 424.
- fl. When walking, pain in knee. 420.
- sp. Walking increases pain in knees. 415.
- fl. When walking, hindrance from pain in middle toe. 420.
- sp. Walking with difficulty. 364.
- 470. sp. Walking against the wind affects him. 577.
- th. Ascending staircase, sexual parts asleep. 305.
- \*Complaints from over lifting. Lesser.
- sp. After unusual exertion, headache. 89.
- sp. Muscles painful when exercised. 480.
- 475. sp. To move the body in any way is difficult, on account of the pain in sacrum. 364.
- sp. Every movement caused severe pain. 364.
- sp.  $\pi$ . From the least turn or twist of the body, it darted like lightning through the body into the neck and up into the head. Gf.
- sp.  $\pi$  Worse from the least motion. 346.
- Motion increases cough. \*325.
- 480. sp. Indisposition to exercise the muscles, they feel painful when exercised, especially the extensors of the legs. N. K.
- sp.  $\pi$ . She had a constant desire to move, but made only very slight motions, as the slightest motion aggravates the pain. Gf.
- sp. Desire to change position often, whilst sitting. 404.
- sp. Changes from side to side in bed, on account of pain in hips. 403.

*Nervous Symptoms.*

- . s. Agility, more than usual. 6.
- 485. sp. At 1 P. M., very frequent yawning; has to stretch out his limbs; all symptoms worse in the open air. C. Hg.
- . s. A wretched feeling of the whole system, causing one to gape and stretch. N. K.
- . T. Restlessness. 597.
- . fl. Immediately had a feeling of discomfort, and felt very badly all day. C. Hg.
- . fl. Indisposed in the evening. 24.
- 490. r. Nervous feeling as from strong coffee. 232.
- . sp. Nervous shuddering and vomiting, with headache. 89.
- . T. Metastasis of gout; a patient with chiragra, (gout in the hands), used what is called an ant-shirt, (a common night-shirt, rubbed with the aromatic oil of aniseed, and buried for twenty-four hours in an ant-hill). In less time than an hour, it caused a sensation over the whole body as if a cool air was blowing on it, followed by an anxiety, while he gained the ability to move all his limbs; but the agony increased with a dullness of the head, fantasies, delirium, finally ending in violent raving. After the disappearance of these symptoms, a stupor followed, lasting eight days. Hufeland.
- . \*A long, horribly maltreated chorea lessened as soon as the foot-sweat, which had been checked, was brought on again by putting the feet in a bag with living ants and creating steam with hot stones. Romberg.
- . \*Spasms. Old School. Internal. Strumpf.
- 495. r. Compelled to sit down, 502; had to sit down; black before eyes, 92.
- . fl. Giving way, right knee. 420.
- . th. Feels heavy and bruised. 523.
- . s. A languid feeling of the whole system, with pain in all the limbs, accompanied by chills and horripilations along the spine. N. K.
- . sp.  $\pi$ . All day weak and languid, no inclination to do anything. Gf.
- 500. sp. \*Great lassitude and prostration. Strumpf.
- . r. Very weak in the morning; 11th day. A. L.
- . r. In the evening at 8 o'clock, attacks of faintness, lasting some minutes; everything is black before the eyes; she is compelled to sit down; 5th day. A. L.
- . \*Strengthens the nerves. Lesser. \*Faintings. Strumpf.
- . sp. General weakness of the whole muscular system; muscles feel as if paralyzed. N. K.
- 505. \*Limbs lame. Russian ant bath.
- . \*Paralysis. Lesser. a. a. Paralyzed limbs. Schreger.



*Sleep.*

- . fl. Yawning before stool. 251.
- . sp. Yawning very frequent; at 1 P. M. 485.
- . s. Gaping and stretching. 486.
- 510. sp. Dull, sleepy feeling, with heaviness of the eyelids, and inability to study. Br.
- . th. Sleepy after eating. 194.
- . r. In the afternoon great sleepiness for half an hour; 3d day. A. L.
- . r. Sleepy in afternoon; 9th day. A. L.
- . r. Sleepy in afternoon. 332. 14th day. A. L.
- 515. fl. Sleepy and tired in the evening. 24.
- . s. Great sleepiness in the evening while reading; removed 2d day. W.
- . Sleepy in the evening; 4th, 5th and 13th days. A. L.
- . s. Sleeping easily in the evening; 3d day. G.
- . th. On awaking from sleep in chair, he is not refreshed; goes to bed and falls asleep at once. 194.
- 520. r. Going to bed, pain over eyes. 117.
- . sp. After going to bed, much pain in sacrum. 364.
- . sp.  $\pi$ . Could go to sleep, if she could get in the right position. 179.
- . th. He is disturbed several times during the night by the restlessness of the children, but each time he easily falls asleep again, which is very unusual; in the morning he is dull, feels heavy and bruised. C. Hg.
- . sp. Although he went to bed at one o'clock, he woke at three and felt as if he had enough sleep; after several weeks. C. Hg. Comp. 523, 552.
- 525. r. Slept well, 1st day; 3d to 4th day. A. L.
- . s. Slept well during the night; 2d to 3d day. B. a.
- . r. Very wakeful after going to bed; 1st day. W.
- . r. Restless night; sleep much disturbed; 2d to 3d day. A. L.
- . r. Restless sleep at night; 4th to 5th day, 6th and 10th day. A. L.
- 530. s. Wakefulness all night, with very little sleep; 1st day. Sleepless; 3d to 4th day. B. a.
- . s. Alternation of sleep and wakefulness very regular every night; 1st to 4th day; from the 8th day to the 15th, regular alternations of sleepless nights and profound sleep. B. a.
- . s. One night getting to sleep with great difficulty and waking often during the night, the next night the sleep is quiet and profound; 2d week. B. a.
- . s. Sleeplessness the first twenty-four hours, with sleeping and waking alternately afterwards; 3d to 9th day. B. b.
- . sp. A Brunswick sausage, which had become somewhat mouldy, was left in his sleeping room, and perhaps caused the following dream: He saw a funeral procession with a large coffin and many small ones; the persons had died from scarlet fever.



The procession almost came up with him, and stopped at the street corner; as he attempted to get out of the way of the wind, which blew towards him from the procession, he woke up. C. Hg.

- 535. r. Lewd dreams at night; 3d day. W.
- . r. Dreams the first three nights not unpleasant. C. G.
- . s. Vivid, lewd dreams at night. 301.
- . s. Lewd dreams at night, with erections; 3 days. G. Comp. 301.
- 
- 540. sp.  $\pi$ . All night dry throat, woke her out of sleep. 179.
- . r. Very little sleep during the night, with much nausea; 3d day A. L.

### ***Complaints at Night.***

- . r. In bed, worse pressure in rectum. 243.
- . At night cough. \*325.
- . s. Breast pains. 330.
- 545. sp.  $\pi$ . Passed a dreadful night; although the pains had left her on the morning before, and she had been free from it even during the first part of the evening, the pain suddenly returned with violence, only lessening somewhat after midnight. Gf.
- . sp. Cramp in both feet. 426.
- . sp. Wakening at 3 A. M., with cramp in soles. 425.
- . r. Hysterical attack. 17.
- . s. During the night chilly sensation. 594.
- 550. sp. Night in bed pain in hips. 403.
- . sp. From 3d to 4th day; aroused by a patient, he feels as though he had slept enough; can do with less sleep. C. Hg.

### ***Awaking.***

- . sp. \*His former habit to wake up early, and feels that he has had sufficient sleep, returns again. C. Hg.
- . r. *When awaking in the morning*, headache, 90; vomiting, with headache; 15th day. A. L.
- . Awakens with headache in the forehead; 5th day. A. L.
- 555. sp.  $\pi$  Morning when awaking, pain in eyes, 98; r. stitches in ear, 132.
- . sp. Waking from sleep, pain in knee. 416.
- . sp. On awaking, left hand and arm have gone to sleep; on getting up the same dull, "thick" headache again, at the posterior upper and inner part of head; 4th day. C. Hg.
- . sp. In the morning after getting up to urinate, he lies down again and has long lasting erections. 4th day. C. Hg.
- . s. Night more urinating. 288.
- 560. r. Wakens feeling very weak; 17th day. A. L.
- . fl. Next morning he does not feel like getting up; he has scarcely aroused himself when he drops off to sleep again. This happened every morning for more than a week. C. Hg.

- . sp. Night itching on shoulder blade. 717.
- . sp.  $\pi$  Disagreeable sweat during the night, woke up with clammy skin. M.
- . sp.  $\pi$  The powders taken at night seem to have had the most effect. L. N.

### *Mornings.*

565. s. In the morning dizzy, 29; r. pain in forehead, 50; s. over eyes, 115; sp. in occiput, 308; headache, 66; before rising earache, 90; sp.  $\pi$  after it, 178; sore throat, 178, \*181; r. nausea, 205; and vomiting, 208; s. obliged to rise on account of pain in colon, 233; th. small flatus, 247; sp.  $\pi$  another stool, 253; r. soft discharge from bowels, 254; s. diarrhœa like urging, 247; early diarrhœa, 257; stool, 259; diarrhœa, 261; sp. erections, 300; itching in arm-pit, 371; th. right finger ends stitches, 399; dull, heavy, bruised, 523; r. very weak, 501; sp. lies down again, 558; fl. sleepy, 561.


### *Forenoon.*

- . th. Until 9 A. M. exhilarated, 16; after 9 A. M. hunger, 186; burning, itching in knee, 418; r. 11 A. M., headache and nausea, 49; sp. 10 A. M., most pain, 39; erections, 297.

### *Day.*

- . s. After twelve, headache, 62; fl. all day long, headache, 79; s. during the day loose cough, 323; sp. itching on shoulder-blade, 717; fl. here and there sore feeling, 661.

### *Afternoon.*



- .  Most symptoms, 2 to 4 P. M. C. Hg.
  - . r. Afternoon headache: s. till 10 P. M., 46; sp. 4 P. M., head symptoms increased, 39; 5 P. M., pain in forehead, 39; dull headache, 51; headache, 78, 86, 89; r. stitches in ear, 132; toothache, \*164.
570. sp. Four hours after dinner, pressure in stomach. 213.
- . s. Itching in anus, 278; sp. palpitation of heart, 339; 1 P. M., pain in hips increased, 355; r. sleepy, 332, 423, 512, 513; itching on arms and rash, 375.

### *Evening.*

- . fl. Morose, disinclined to work, 25; r. headache, 80; s. 12 M. till 10 P. M., 76; r. 11 P. M., pain over eyes, 117; th. 9 P. M., coryza and pain in vertex, 145; sp.  $\pi$ . sudden coryza, 148; s. red cheeks, burning, 155; r. 9 P. M., vomiting of little mucus, 209; s. pain in stomach, 214; sp. 6 P. M., pressure at cardiac end of stomach, 213; sp.  $\pi$ . two evenings in succession, pain in belly, 245; th. sensation as if diarrhœa would set in, 250; sp.  $\pi$ . diarrhœa and vomiting, 252; r.

pressure in rectum worse, 243; fl. pain in neck, 344; sp. 7 P. M., pain in back increased, 355; sp. itching on shoulder-blade, 717; th. finger ends left hand, stitches, 399; fl. pain in knee, 420; indisposed, nervous. 24; r. eight o'clock, faintness, 502; s. early sleepy, 518; r. sleepiness, 516; sp.  $\pi$ . soon after tea, copious sweat, 611; sp. affected by the wind, 577; 10 P. M., increase of shooting pains, 407.


### *Warmth and Cold.*

- . sp.  $\pi$  Hot iron relieved pain in neck. 348.
- . s. After dressing, dizzy. 29.
- 575. sp. All symptoms worse in the open air. 485.
- . Draught of air made toothache. \*166, \*164.
- . sp. Several weeks after, he is more affected by the cold than usual, especially when walking against the wind in the evening. C. Hg.
- . s. Very susceptible to cold; great liability to take cold and bad effects from it. N. K.
- . sp. Recurrence of the pains several days after, upon taking a slight cold. Br.
- 580. s. *Great liability to take cold.* N. K.
- . sp. During and after washing with cold water, headache increases. 66.
- . s. After cold water, pain around navel. 237.
- .  *Burning pains renewed by washing with cold water.* C. Hg.
- . sp.  $\pi$  By washing, pain in eyes better. 98.
- 585. sp. On the first and second day he could not bear as well the cold of the weather. C. Hg.
- .  *Consequences of cold and wet; cold bathing; damp weather.* C. Hg.
- . fl. Before a snow storm pain in the aponeurosis and muscles of the head, neck, shoulders and back. C. Hg. b.

### *Chills, Fever, and Sweat.*

- . T. Sensation over the whole body as if a cool air was blowing on it. 492.
- . th. Cold feeling in fauces and throat like mint. 714.
- 590. s. Continued creeps down the back; 3d d. N.
- . s. Chilliness down the back. 330.
- . s. Chilliness and horripilations along the spine. 498.
- . s. Cold feet. 427.
- . s. Continued chilly sensations during the night, 11½ to 12 P. M. N.
- 595. sp.  $\pi$  Shuddering chilliness with pain in belly. 225.
- . T. South American hunters state that the bites of scorpanders, burning like fire, were soon well again; the sting of a scorpion caused fever, swelling of glands, and long-lasting pain. The ants caused cold, shaking chills. C. Hg.
- . T. Juice of ants, given to a horse or an ox, caused after fifteen

minutes great restlessness, a fuller and more frequent pulse, great heat over the whole body and a laborious breathing; after one hour they become easier, urinate, and commence to eat again. Rysz.

- . sp. Feverish heat all over the body, most in the scalp. N. K.
- . th. Cool burning like snow flakes in eyes. 102.
- 600. sp. Heat with pain in ears. 125.
- . s. Hand and face very hot; the palms of the hands burn; 1st d. Px.
- . s. Feverish state of system, aching of the bones. 440.
- . r. Heat in head. 52.
- . sp. Burning in stomach. 216.
- 605. s. Heat in epigastrium. 218.
- . s. Heat and burning irritation of anus. 262.
- . A feeling of warmth in the lower part of chest and abdomen. N. K.
- . General sweat. Russian ant-bath.
- . T. Copious sweat breaks out, after it feels worse. 687.
- 610. sp.  $\pi$  Perspired for about half an hour, but without the slightest amelioration of pain in arm. Frequent belching also without any relief. Gf.
- . sp.  $\pi$  At noon, after drinking tea, she had again a copious sweat, without any relief. Gf.
- .  Sweat without amelioration. C. Hg.
- . sp.  $\pi$  Perspiration after *Chamomilla*, which relieved. 350.
- . sp.  $\pi$  Clammy skin, woke her up. 563.
- 615. sp.  $\pi$  Disagreeable sweat during the night. 563.

### *In Attacks.*

- . sp. Often repeated stitches. 99.
- . th. At intervals pain in arm. 376.
- . sp. Often repeated pain in penis. 307.
- . s. Intermitting pain in toe. 432.
- 620. s. Occurrence of tooth and other pains at regular periods of the day for about 5 days, when it gradually disappeared. E
- . —
- . s. Earlier every day, pain over eyes. 115.
- . Attacks every day earlier. \*82.

### *Direction.*

- . sp. From within out, in temples. 58.
- 625. sp. Pain in head extending upwards. 64.
- . sp. Down the arms and fingers. 355.
- . s. To little finger down from ulna. 385.
- . s. Downward through arm and leg. 419.

### *Sides.*

- . Pains left then right; \*right then left. C. Hg.



630. *th.* Left to right ear, 126; *s.* pain in hips, 401; *s.* breast pain, 330; *s.* pain in epigastrium, 219; *sp.* armpits itching, 371; *sp.*  $\pi$  arms, 346; *th.* left in evening, then right in morning, finger ends, 399.
- . *Right to left:* *th.* Itching on nipple, 714; *fl.* right knee and left middle toe, 420; *sp.* left wrist and right heel, 435; right orbit and left ear, 101.
  - . *Right Side:* *s.* Frontal region, headache, 47; *sp.* from temple into head shooting, 51; *sp.* temporal region, pain, 58; *s.* boring, 59; *sp.* upper posterior head, 435. *Left:* *r.* temporal region pain, 59; temple, \*83; *th.* vertex, pain, 145; nail feeling, 65; *s.* sick headache, 62, 77, \*82; *s.* around the side of head running bubble, 54.
  - . *Right Eye:* *r.* Twitching, 109; *sp.* orbit, pain, 101; *sp.* eye affected by coryza, 146; *sp.* eye, itching and soreness, 113. *Left:* *s.* Eyeball shooting, 100; *s.* pressure, 114; *sp.* over it, stitch, 99; *r.* above it, pain, 116, 117.
  - . *Right Ear:* *sp.* Aches in the morning, 134; *sp.*  $\pi$  pains, 140; *Left:* cracking, 83; *r.* stitches, 53, 132, 133, 205; *s.* shooting, 135, 136; *r.* pain, 130; *sp.* 101; *s.* itching, 138; *r.* abscess, 133; *r.* parotid region, pain, 116.
635. *Right Side:* *sp.*  $\pi$  Coryza worse, 129; *sp.* catarrh, 146; *s.* supra-maxillary bone, pain, 162; *s.* pharynx, 175; *s.* hypochondriac region, pain, 220. *Left:* *sp.* face as if paralyzed, 152; molars pain, \*165; sore throat, \*180; *sp.* half side of penis, pain, 307.
- . *Right Chest:* *s.* Pain, 334; *sp.* *th.* nipple itching, 714. *s.* *Left* breast, pain, 330; *s.* lung, 331; *r.* chest, 332; stitches, 90.
  - . *Right Side of Neck:* *sp.* Pain, 437. *Left:* *sp.*  $\pi$  nape of neck, violent pain, 346; severe pain, 347; side of neck, *th.* 16; *sp.*  $\pi$  350; *sp.* 352; *th.* back stitches, 714; *s.* spine, jerks, 356; *sp.* shoulderblade, itching, 717; *s.* scapula, pain, 367; *sp.* armpit, itching, and sore, 371.
  - . *Right Arm:* Pain, 437. *Left* upper arm, pinching pain, *th.* 376; *r.* upper arm, stitches, 53; *s.* triceps, twitching, 378; *s.* arm, pain, 419; *r.* arm, stitches, 132; itching, 375.
  - . *Right elbow pain,* *th.* 380, *sp.* 381, 437; *s.* forearm and wrist, 386; *sp.* wrist, 389, 437. *Left* forearm, pain, 384; *s.* ulna, stitches, 385; *sp.* wrist, several sensations, 435; *sp.* hand asleep, 248; *sp.* palm, itching, 394; *s.* carpal bones pain, 391; middle finger, 398; *s.* fingers, tingling, 397.
340. *Right knee pain,* *fl.* 420, *sp.* 415; tendo achillis, *sp.* 435; foot cramp, 425. *Left* hip, bruised, *s.* 402; leg, pain, *s.* 419; thigh, itching, *sp.* 717; knee pains, *sp.* 416, *s.* 417; knee bend, itching, *th.* 418; ankle, stitches, *r.* 423; ball of big toe pains, 429; stinging, 430; fourth toe pains, 432; all toes, *fl.* 420.

- . sp.  $\pi$  All the ear symptoms, including the cold, have been on the right side, the left occasionally sympathizing. L. N. Arm and leg pain, sp. 311.
- . sp. Pain more on left than right side; 1st d. St. 355.

### *Sensations Reviewed.*


- . th. Sexual parts asleep. 305.
- . s. Bubble bursting and running around. 54.
- 645. s. Sensation as if falling in left lung. 331.
- . sp. As if muscles were strained to be torn from the point of their attachment, 364; traction, 363.
- . sp.  $\pi$  Like lightning up in the neck. 477.
- . sp. Stitch, violent, like lightning over left eye. 99.
- . T. Electric jerks in the paralyzed limb. Russian ant-bath.
- 650. s. Spasms of small parts of muscles, jerks. 356.
- . th. The same sensation, as in the knee, 418, which is neither an itching nor a burning, nor a pressure, but a union of the three, on many different parts of the body, now here, now there. C. Hg.
- . sp. The pains gradually diminished since the 8th d. St.
- . r. Cessation of all symptoms; the 25th d. A. L.
- . Gradually increasing pain in head. \*82.
- 655. \*Neuralgic pain. Voigt. Strumpf.
- . s. Creeping down the back. 219.
- . th. Cold feeling as from mint. 16.
- . th. Here and there on skin burning on small spots. 709.
- . s. Burning pain, (same prover), same pain again. 391.
- 660. sp. Burning sensation with the stitch. 99.
- . fl. More or less during the whole day a kind of sharp, corroding, sore feeling or painfulness, here and there. C. Hg. b.
- . sp. Bruised pain in hips. 403.
- . sp. Soreness after itching. 371.
- . sp. Sore place inwardly in armpit. 371.
- 665. th. Pressing pain in left side of neck. 16.
- . th. Pressing nail, headache. 65.
- . sp. Boring pain in orbit. 101.
- . th. Pinching, like with dull wooden pincers, in arm. 376.
- . \*Cutting pain in head. \*82.
- 670. s. Stinging and burning. 430, etc.
- . th. Stitches, like with a dull instrument. 145.
- . r. Stitches in ankle. 423.
- . sp. As if the stitch were passing around something. 99.
- . sp. Sticking pain in arm. 437.
- 675. sp. Shooting in hips and thighs. 407.
- . sp. Shooting in arms, thighs, etc. 436.
- . sp. Sharp, shooting character of pains. 355.
- . s. Shooting in scapula. 367.

- . s. Shooting in carpal bones. 392.
- 680. sp. Darting pain in arm. 437.
- . sp. Lancinating in temples. 58.
- . r. Stitches in chest, drawing a long breath. 332.
- . th. Here and there itching, burning. 651.
- . fl. Here and there, sore feelings. 661.
- 685. sp. Shifting about, pain. 438.
- . sp. On a small spot cramps. 426.

### *Tissues.*

- . T. An anæmic woman died from the effects of an ant-vapor-bath. She had great congestion of the head and chest; violent thirst, *to quench it she received nothing but whiskey*; a copious sweat, which would not make its appearance before, broke out; oppression, nausea and vomiting followed; she begged earnestly to be removed, then became unconscious, and, with rattling in the throat, she died in three-quarters of an hour. Unusually rapid decomposition of the body took place; especially on the outer surface, which was full of large blisters filled with putrid ichor. The body swelled to an unshapely mass. The brain turned out a soft mass (3d day of August); intestines pale, brownish, much distended with gas; the liver large, pale, putrid, and easily broken. Everything was pale and bloodless. Martini. Killed by heat, *Formyl acid*, and the whiskey. C. Hg.
- . sp. In bones, deep seated pains. 438.
- . sp. In joints most pain. 438.
- 690. sp. \*Nodes around joints, internally and externally. Schreter, Voigt, Strumpf.
- . fl. Aponeurosis and muscles pain. 587.
- . \*Chronic anasarca. Schreter.
- . \*Watery swellings. Strumpf.
- . \*Dropsy. Strumpf.
- 695. \*Cachexies. Lesser.

### *Touch.*

- . r. Worse when touching the painful spot in temples or parotid region. 116.
- . s. Worse from contact, stinging in palate. 173.
- . fl. Combing betters headache. 79.
- . Scratching relieves itching. s. 279, sp. 717.
- 700. sp.  $\pi$  Has to press both hands behind the ears to rise from bed. 346.
- . sp.  $\pi$  External pressure betters pain in neck. 351.
- .  Pressure relieves the pain. C. Hg.

### *Passive Motions.*

- . th. Riding in carriage, arms asleep. 372.



- . sp. Riding in carriage, pain in the neck. 352.
- 705. sp. While riding in carriage, *erections*. 297.
- . \*Dislocations. Lesser.
- . \*In all kinds of contusions, a popular remedy. Strumpf.
- . \*Atrophy after wounding. Lesser.

### *Skin.*

- . th. Here and there on the skin, a pressing, burning sensation, on small, but not sharply defined places. C. Hg.
- 710. sp. A sensation of pricking over the skin in the region of the pain; 1st d. St.
- . T. Itching of the (paralyzed) limb, with redness of the skin, and subsequent scaling off of the epidermis, is the first good sign of a beneficial effect after exposing the limb to the influx of an ant-hill. Schreter.
- . J. Violent itching and burning. Russian ant-bath.
- . th. Itching and burning in the neck. 16.
- . th. Small stitches but violent burning, pricking, pressing, particularly in the region of right nipple, as from nettles, but without the long continued sensation of an after-burning; later the same on the left side of the back and much more violent; still later, the same sensation on other parts of the body; after 30 minutes a cold feeling in the fauces, as from mint drops, and his mind unusually excited; 1st d. C. Hg.
- . —b. Penetrating itching on the right nipple. 311.
- 715. sp. The itching still continues the second day, and the feeling of soreness is increased by scratching. C. Hg.
- . sp. Itching in palm of hand. 394.
- . sp. In the evening, night and the following day a violent itching on the left shoulderblade and on the left thigh near the inguinal regions; it comes again and again, and is each time relieved by scratching; 6th and 7th days. C. Hg.
- . sp. Itching, with pricking pain in forehead. 55.
- . —
- 720. s. Itching of the scalp, arms, abdomen and the whole trunk and head, (this symptom was well marked); the 1st d. Px.
- . r. Violent itching on inside of left arm and hand, followed by a red rash. 375.
- . *Form. ac.* Immediately after inoculation a severe pain, causing for several hours great restlessness, burning, redness and swelling, which, however, lessened and disappeared in a few hours. Landerer.
- . *Form. ac.* When animals were inoculated with it it acted less than with human beings; the redness, which appeared at once, disappeared very quickly, and there was no external perceptible pain. Landerer.



- . T. Wounds from the stings of ants are, in most cases, but slightly swollen, a little erythematous, but cause a burning sensation similar to that by stinging nettle. In the East and West Indies they are very painful, with formation of blisters. Hasselt. Vol. II, p. 30.
- 725. T. *Atta cephalodes*, an ant in South America. If it bites men the wound is very painful, soon inflames, and often forms an ulcer. Hasselt.
- . T. Surface after death full of large blisters, filled with putrid ichor. 687.
- . Concentrated *formyl acid*, one drop, causes on the skin unbearable pain, swelling, white spot, and lastly a painful ulceration; same as if the spot had been touched by a red hot iron. Liebig.
- . r. Red rash in stripes like seams of a glove, after itching. 375.
- . T. Suppuration under the finger nails, followed by loosening and falling off of the nails. 400.
- 730. \*Itch, Lesser; \*cold tumors, a.a.; \*goitre, a.a.; \*leprosy, Lesser.

### Other Drugs.

- . sp. Drinking coffee increases the headache. 66.
- . sp.  $\pi$  Nothing helped until she applied a mustard plaster, when the pain was somewhat alleviated. Gf.
- . sp. On smelling Irish whiskey (which contains a little kreosote) he gets a decided aversion to it. C. Hg.
- . s. *Merc. corrosivus* stopped all the symptoms: 284, 289, 306, &c.
- 735. sp.  $\pi$  After smelling *Camphor* the pain over the eyes was relieved. She inhaled ether, which relieved the pain in the neck. Gf.
- . sp.  $\pi$  *Chamomilla* relieved the pain in arm and neck. 350.
- . *Complementary to Chamomilla*. C. Hg.
- . \*In cases where *Belladonna* disagrees. C. Hg.
- . s. Worse from smoking, stings in palate. 173.
- 740. sp. Smoking relieves pain. 438, &c.

## R E T R O S P E C T .

- Toxicological Symptoms*.—Nos. 215, 295, 400, 492, 596, 597, 687, 711, 724, 725.
- Formic ether*.—C. Hg. After inhalation, a., Nov. 25, Nos. 16, 35, 65, 102, 126, 145, 186, 194, 246, 247, 250, 305, 376, 399, 418, 434, 523, 651, 709, 714. Vol. 20, pp. 22-23. b., December 23, Nos. 311, 372, 380.
- Formyl acid*.—C. Hg. After inhalation, vol. 20, pp. 24, a. and b., Nos. 24, 25, 79, 251, 344, 420, 488, 561, 587, 661.
- Spiritus formicarum*.—C. Hg. After inhalation, vol. 20, pp. 25, or drop doses, pp. 25, 26, 27, Nos. 66, 90, 99, 152, 170, 213, 248, 297, 300, 307, 308, 352, 371, 394, 425, 426, 435, 485, 534, 551, 524, 552, 557, 558, 577, 715, 717, 733.
- N. Koller, drop doses, pp. 27-28, Nos. 58, 64, 88, 90d, 101, 113, 125, 222, 328, 381, 389, 403, 410, 415, 480, 504, 598.
- J. A. Stiles, drop doses, pp. 28-30, Nos. 31, 39, 55, 201, 355, 363, 364, 404, 407, 436, 451, 643, 652, 710.
- Ch. A. Brooks, drop doses, pp. 30, Nos. 22, 68, 216, 437, 438, 510, 579, 740.
- The same, M., pp. 30, Nos. 98, 168, 563.
- The same, T., pp. 31, Nos. 146, 280.
- The same, P., pp. 31, Nos. 51, 78, 86, 89, 134, 339.
- Globules, C. N., pp. 31-32, Nos. 127, 129, 140, 148, 157, 178, 564, 641.
- The same, Gf., pp. 32-34, Nos. 91, 179, 188, 225, 252, 253, 346, 347, 348, 350, 351, 477, 481, 499, 545, 610, 611, 732, 735.
- Formica rufa*.—A few pellets were taken by Miss B. Vol. 19, pp. 492-4, proving 13, Nos. 17, 49, 50, 53, 80, 90, 132, 133, 205, 208, 209, 332, 375, 432, 500, 501, 512, 513, 525, 528, 529, 541, 653,
- By C. G.—Vol. 19, pp. 491, the first seven lines as proving 9, Nos. 241, 243, 256, 277, 536.
- By S.—Vol. 19, pp. 490, as proving 7, Nos. 15, 28, 30, 116, 117, 232, 240, 242, 254, 255.
- By W. W.—Vol. 19, pp. 490, as proving 8, Nos. 109, 130, 268, 292, 338, 384, 516, 527, 536.
- N. B.—These provings were printed again by mistake in vol. 20 of the *North American*. Miss., pp. 34; C. H., pp. 35; S., pp. 36; W. W., pp. 36, and some added F. R. E. and K., who were according to Dr. A. L. obtained from the *subsericea*.

*Formica subsericea*.—The tincture in drop doses by N. Koller. Vol. 20, pp. 37-38, Nos. 38, 59, 96, 104, 136, 149, 163, 182, 200, 214, 218, 220, 223, 237, 262, 323, 356, 385.

Potency unknown.—J. R. E., one dose, pp. 491, Nos. 62, 138, 262, 271, 296, 400b, 411,

Potency unknown.—K., a female, one dose, pp. 492, Nos. 272, 273, 310.

The 3rd centesimal.—J. P. II., one drop, pp. 487, Nos. 93, 160, 175, 227, 244, 260, 270, 275, 278, 378, 391, 429, 432.

The 6th centesimal.—W. II. II. N., one drop, pp. 488, Nos. 72, 100, 119, 135, 173, 174, 219, 261, 279, 336, 367, 392, 419, 430, 590, 594.

The 30th centesimal or decillionth.—Px. proving 5, pp. 489, Nos. 40, 47, 113b, 155, 301, 331, 341, 601, 720.

The 30th centesimal or decillionth.—By C. G., two drops, pp. 491, line 10 to 22, Nos. 46, 76, 114, 115, 334, 398.

The 30th centesimal or decillionth.—By W. L. G., one dose, pp. 492, Nos. 11, 14, 54, 77, 284, 289, 306, 518, 583, 734.

The 30th centesimal or decillionth.—By A. II. C., one drop, pp. 487, Nos. 161, 162, 620.

The 30th centesimal or decillionth.—C. W. B., a., one drop, Oct. 19th, pp. 486-487, line 1 to 10, Nos. 5, 29, 32, 257, 526, 530, 531, 532. b., one drop, Nov. 17th, pp. 489, Nos. 6, 19, 20, 21, 97, 258, 259, 269, 288, 533.

N. B.—Line 11 to line 21 on page 487, Dec. 2 to Dec. 7, belongs to the second proving as the date shows, or is a third one of the same prover.



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# OSMIUM.

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## HISTORY.

1804. Discovered by Vauquelin, Tennant and Thenard.  
1824. C. G. Gmelin, experiments on Animals. (1854 in *Frank's Magazine*.)  
1828. Berzelius and Swanberg's Observations.  
1835. Poggendorff's *Annals*, No. 2, p. 379.  
1837. *Hygea*, v. 18. Liedbeck in Upsala.  
1844. Braun's. *Letters to C. Hg.*  
1849. *Brauell de Acidi Osmici in Homines et Animalia Effectu Casan.*  
1850. Proving by C. Hg. in Aug. and Sept.; also by Mrs. Paschal, Drs. Neidhard, Raue and others.  
1853. Poggendorff's *Annalen*, pp. 88, 4.  
1859. Dr. Stokes' experiments. *London Monthly Review*, April. (*Am. Hom. Review*, May.) *Vierteljahrsschrift*, v. 10, p. 213, translated. *Clinical Observations* of Drs. Neidhard, Hardenstein and Pehrson.

## PREPARATION.

From a dilution of pure *Osmic acid*, the *Osmium* was precipitated by *Natrum Formicum*, either metallic, or partly or altogether changed to an *Oxydule*, after being washed, it was dried and triturated. This was used for the provings made in 1850.

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## Mind.

- . Inward weakness; thinks he will have to give up practice on account of mental weakness; in the evening when riding out. C. Hg.
- . Misplacement of words in the same phrase; 1st dec. C. Hg.
- . Thoughts of accidents having happened to others, by a blow, a fall, or being dashed to pieces; gradually these thoughts grow upon him as if he were to do the same injuries to others; after several weeks. C. Hg.
- . He gets very impatient on account of an itching on going to bed, which prevents sleep. 234. C. Hg.
- 5. \*Weeping mood and screaming, with the cough; a child. Liedbeck. 143.
- . Anxiety, restless and fidgety with uneasiness in stomach. 70.

## Sensorium.

- . Dullness of head, in the morning. 206.
- . Intense dullness of the head with heat in it; soon after; 1st dec. C. Hg.
- . Peculiar feeling in the head; soon after olfaction. C. Hg.

**Head.**

10. Terrible headache above and under the eyes, on one side, tearing towards the ear, worst under the eyebrows, the eye waters and is weak, (a similar effect from other influences, f. i. *Oxide of Koko-dyl*.) Genth.
  - . Great pain in the upper right side of forehead; soon after olfaction. C. Hg.
  - . Headache in the upper right side of the forehead, a tearing to and fro, deep in; at the same time similar pains in the bones of the limbs, deep in, in the evening; 1st day; 1st dec. C. Hg.
  - . Pressing headache in the forehead, soon followed by ulcerative pain in the left leg and gluteal muscles; at 9 P. M., 5 minutes after twice repeated olfaction. Neidhard.
  - . Pressing headache in the localities of the organs of ideality; after olfaction. Raue.
15. All the afternoon fullness and aching at the upper and back part of the head, in-doors and out; worse from throwing back the head; 2d d., continues the 6th d. Stokes. a.
  - . Dull headache, like a band around the head above the ears; 3d d. Stokes. a.
  - . Dull headache extending from the base of the brain into the jaw; 3d d. Stokes. a.
  - . At night, dull aching at base of skull extending into the jaws; 4th d. Stokes. a.
  - . Headache, principally in the temples, with pain in the larynx and hoarseness. P. C. Hg.
20. Head muddled in the morning. 206.
  - . Dull headache all day after passing a restless night; the bowels not moved until 4 P. M., the urine brown and scanty all day; 2d d. Stokes. c.
  - . Heat in the head and dullness. 8.
  - . Softening of the nerve centres. Brauell.
  - . Falling out of hair is increased and continues; 12th d. 1st dec. C. Hg.

**Sight and Eyes.**

25. Decrease of sight; could just tell night from day but could not discern the large letters on a title page. This remarkable affection of the sight lasted each time after smelling *Bioxide of Osmium*, for 3 or 4 days. Swanberg.
  - . Decrease of vision. 191
  - . In the evening the flames of the candles appear much larger and confused, (after inhaling *Osmic acid*). L. Swanberg, according to Liedbeck's letters.
  - . In the evening a very large rainbow-hued ring around the flame of every candle. Whenever he is exposed to an atmosphere smelling of *Osmium*, even slightly. Wöhler.

- . Sensation as if the axis of vision was moved back and forth a short distance, without moving the eyes; with closed eyes, in the evening. 1st d. 1st dec. C. Hg.
- 30. Eye waters and is weak. 10.
  - . Burning pain in the eyes, from going into an atmosphere containing vapors of *Osmium*. Berzelius.
  - . Burning stitches in the skin of the right upper eyelid. 233.
  - . Violent itching in left inner canthus, irresistible desire to rub it; 2d d. 1st cent. C. Hg.
  - . Tearing under the eyebrows. 10.
- 35. Violent pain around the left eye, as if externally on the bone; a half an hour. 1st cent. C. Hg.
- . Eyes and lungs affected. 32.

### **Hearing and Ears.**

- . Ringing in the right ear and pain; immediately after trituration. C. Hg.
- . *Ringling in the right ear*; in half an hour. 1st dec. C. Hg.
- . Earache first in the right, then in the left ear, in the evening; 1st d. 1st cent. C. Hg.
- 40. Severe pressing pain in the left petrous bone, upwards and backwards of the ear; after trituration. C. Hg.
- . Pain in the right ear and ringing. 37.
- . Tearing pain in the head towards the ear. 10.

### **Smell and Nose.**

- . An unbearable stinging smell; similar to *Chlorine* and *Iodine*. Vauquelin.
- . Smell similar to *Chlorine*. C. Hg.
- 45. Sneezing, running from the nose, tickling in the larynx, disturbed respiration. Brauell.
- . After sneezing the cough becomes looser. 127.
- . Coryza during the day. 137.

### **Jaws.**

- . Headache going into the jaws. 18.
- . Headache extending to the lower jaw. 17.
- 50. —
  - . Cold jerks in the left upper jaw and front teeth; after olfaction. C. Hg.
  - . Pain in the muscles of chewing, after eating wheat bread; from 2 to 3 hours. C. Hg.

### **Teeth.**

- . Broad swelling above the root of an upper left incisor, with pain and numbness; suddenly after eating pears; disappeared after *Silicea*; 14th d. 1st dec. C. Hg.



- . The teeth creak more than usual when rubbing them with the finger. 1st dec. C. Hg.

### ***Taste and Tongue.***

- 55. Taste corroding and burning, similar to oil of cloves. Vauquelin.
- . Tastes sweetish. Tennant.
- . A watery solution of *Osmic* acid tastes sweetish; if concentrated, corroding and burning. Thenard.
- . There was a red stripe on the middle of the tongue that pained as if sore, the edges of the tongue were rough and covered with small pimples. The tongue was most sensitive to the slightest touch, when eating and drinking. P. C. Hg.
- . Tongue much coated; coffee tastes badly; 3d d. 1st dec. C. Hg.

### ***Throat.***

- 60. From the posterior nares lumps of phlegm easily loosened. C. Hg.
- . *Aversion to Cocoa.* 71.
- . No appetite for dinner. 74.

### ***Before, with or after Eating.***

- . Before dinner, pain in upper part of abdomen. 74.
- . Sensitiveness of the tongue when eating and drinking. 58.
- 65. After eating, especially after stimulating things, severe pains in the stomach. 70

### ***Nausea and Vomiting.***

- . Weakness in stomach, amounting to nausea. 71.
- . Retching, almost vomiting with the cough. 127.
- . \*Chronic vomiting with pressure in the stomach. Brauns.

### ***Stomach.***

- . If the acid is taken into the stomach it produces belching, nausea, loss of appetite, and inflammation of the mucous membrane. Similar phenomena in the smaller intestines. Brauell.
- 70. Uneasiness in the stomach, increasing to contracting sensation with anxiety; worse after food and much aggravated by stimulants; felt restless and fidgety; 7th and 8th d. Stokes. a.
- . At six P. M. felt a weakness of stomach, almost amounting to nausea, and aversion to cocoa, usually so well relished. This occurred during the digestion of meat pudding, and required a glass of brandy and water at half-past ten to set matters right; 1st d. Stokes. b.
- . All the evening had distension of stomach and abdomen, although the dinner was only plain roasted mutton and potatoes; 1st d. Stokes, c.
- . In the evening distension of stomach and bowels with difficult passage of flatus; 3d d. Stokes, c.
- . Before dinner (12.30) felt contractive pain and weight in epigas-

trium. This is often attended by a feeling in the stomach as if he had swallowed a lot of stones from a newly laid road. No appetite for dinner; bowels distended in the afternoon; pressure on both inguinal rings. No evacuation until 10 P. M.; it was dry and full of air; 6th d. Stokes, c.

75. In the forenoon constrictive pain in the stomach; pulse 80. Bowels relieved at 10 A. M.; evacuation small in volume and quantity; 7th d. Stokes. c.

- . \*Pressure in stomach and chronic vomiting. 68.
- . Atrophy of the liver in a horse; after 39 days. Brauell.
- . Bile brown, blackish, and profuse. Brauell.

### *Abdomen.*

- . Bellyache; then stool with rapid urging. 96.
- 80. All the afternoon the abdomen was very sensitive and distended; 4th and 5th d. Stokes. c.
- . All evening abdomen distended. 72, 73.
- . Distension of abdomen all the afternoon and evening; 5th d. Stokes. c.
- . The veins of the abdomen are engorged with blood; the spleen is blackened and softened as is likewise the liver. Brauell.
- . The mesenteric glands disorganized. Brauell.
- 85. Copious white chyle. Brauell.

### *Passage of Wind and Stool.*

- . In the evening stomach and abdomen distended, with difficult passage of wind; 3d d. Stokes. c.
- . Evacuation full of air; dry. 98.
- . Urging to stool, but only passage of flatus, in the afternoon; 2d d. 1st dec. C. Hg.
- . (Diarrhœic stool after drinking coffee); 1st cent. C. Hg.
- 90. (\*Thin stools). C. Hg.
- . Mushy stools in the morning, afternoon and evening; 1st dec. C. Hg.
- . In the morning, first hard, then thin soft stool of a striking orange-yellow color; after olfaction; 3d d. C. Hg.
- . Evacuations delayed, small and constipated; 5th d. Stokes. a.
- . The bowels are confined; but move daily; 8th d. Stokes. a.
- 95. Bowels not moved until 4 P. M. 21.
- . At night slight gripping in the bowels; the evacuation was passed hastily, with burning at the anus; it was bilious, and partly fluid; 2d d. Stokes. c.
- . No evacuation to-day; only a small lump, like a marble passed, after trying very hard; 4th d. Stokes. c.
- . No evacuation the 6th d. until 10 P. M.; it was dry and full of air. Stokes. c.
- . Bowels relieved at 10 A. M., evacuation small in volume and quantity; 7th d.; remained costive to the 11th d. Stokes. c.

100. Headache and bowels not moved in the morning. 21.  
 . Burning in the anus with half-liquid stool. 96.  
 . After stool pain in the wrist. 161.

### *Urine.*

- . Urinary secretion diminished and even suppressed. Brauell.  
 . Urine scanty and dark; 4th and 7th d., remained so until the 11th, then profuse and less colored. Stokes. c.  
 105. In the evening the urine is strongly scented, somewhat like violets, very highly colored and apparently full of bile; 5th and 6th d. Stokes. a.  
 . Urine brown and scanty. 21.  
 . In the morning the urine was scanty, and strongly scented; but not so dark as before; 3d d. Stokes. c.

### *Sexual Parts.*

- . From the effects it may be judged to become a valuable aphrodisiac. Stokes.  
 . Erections every morning, earlier and harder. C. Hg.  
 110. Very hard erections; on the sixth and following days; 1st dec. C. Hg.  
 . Very hard erections; frequently soon after midnight, always on awaking in the morning, without exception, either before or with it; later, they continue longer, even after rising; moderate sexual desire; the 10th and 12th d. 1st dec. C. Hg.  
 . Ejaculation of semen lasting longer. 117.  
 . Pains in the right testicle; immediately after olfaction. C. Hg.  
 . Pain in the spermatic cords, especially in the left (the same which he had after *Phosphoric acid*), soon after trituration; the same again after the 1st dec. C. Hg.  
 115. Throbbing, stinging, pricking, pinching pain on the left side of the glans penis; after trituration. C. Hg.  
 . Violent yet undefined pain at the tip of the glans penis and in the foreskin; 1st cent. C. Hg.  
 . Glans penis reddened, on the left side; during coition a longer lasting emission of semen; 1st dec. C. Hg.  
 . Pressing on both inguinal rings; 6th d. Stokes. c. 74.  
 . Sensation like great weakness in both groins towards the spermatic cords; soon. C. Hg.

### *Larynx.*

120. Hoarseness with the pain in larynx, for eight weeks; she was hoarse when talking but particularly when singing, so much so that she could not sing at all; the hoarseness was worse each time after going into the open air (riding out or walking), as soon as she came home. P. C. Hg.  
 Voice hoarse, weak and soundless. 123.

- . With a slight cough and coryza a very severe pain in the larynx ; it pains her to talk, every word she speaks hurts her. P. C. Hg.
- . Slight rawness in the larynx, increasing from the 11th to the 13th day to a very severe laryngeal catarrh, the voice hoarse, weak and low, almost extinct. Lay in bed all the morning, and took three doses of *Merc. sol.*, and two of *Bell.*, which carried off the attack in the afternoon. Felt very weak and easily tired. Stokes. a.
- . Tickling in the larynx. 45.
- 125. Tedious secretion of phlegm from the air-passages after inhaling vapors of *Osmium*. Berzelius.
- . Small lumps of phlegm easily loosened from the larynx. C. Hg.
- . The mucus hangs in the larynx like a thread, irritates to hawking and cough, causing retching and almost vomiting ; after sneezing it is loosened very easily ; 11th d. 1st dec. C. Hg.
- . \*Dryness of the throat with cough. 143.

### Breathing.

- . When talking pain in the larynx. 120.
- 130. Talking hindered by hoarseness; she cannot sing at all. 122.
- . Air containing vapors of *Osmium* affects the lungs when inhaled. Berzelius.
- . Extremely small quantities of the vapor act violently on the eyes and lungs. Wöehler.
- . Disturbed respiration. 45.
- . \*Heaves of horses. Brauns.

### Cough.

- 135. After a cold, while nursing a sick child and losing sleep at night, slight cough with pain in the larynx ; she had also some coryza, but continued to take *Osmium*, 6th cent. The tongue became very sore, (58); the pain in the larynx very severe, (120); she was taken with hoarseness, (122); she was afraid she would get the croup and took *Spongia* and *Hepar*, which relieved somewhat. P. C. Hg.
- . Cough and sneezing. 127.
- . After coryza, the same cough (139) returned during the day, very severe and disturbing sleep until midnight. A slight but irresistible tickling irritation in the larynx, causing short bursts of cough increasing in violence ; after repeated sneezing something is loosened, like a little round lump, which he is compelled to swallow ; 5th d. c. C. Hg.
- . An attack of spasmodic cough. Berzelius.
- . Cough on rising ; violent short bursts of cough without expectoration : 14th d. 1st dec. b. C. Hg.
- 140. Cough from thread like phlegm in throat. 127.
- . Has to swallow expectoration. 137.



- . With the cough pain in the larynx. 122. Comp. 135.
- . \*A simple catarrhal cough with a delicate little girl of a year and a half, became spasmodic, with twitches of the fingers, weeping and screaming, and dryness of the larynx. Several doses of the 15th (a dose after each attack) changed the symptoms to their former condition. Liedbeck.
- . \*Cough, short irresistible hacking, caused by an irritation low down in the chest. C. Hg.

145. \*Cough with tearing pain in the sternum. Pehrson.

### *Chest.*

- . Pain near the left lower rib, about a quarter of a circle towards the front; a dull stitch; immediately after olfaction. C. Hg.
- . \*Soreness in the whole sternum, sensitive to the touch; the pain is independent of the cough. Several cases. 3. Pehrson.
- . \*In the sternum, shooting upwards and downwards. Pehrson.

### *Pulse.*

- . Pulse from 72 to 80, at noon, 2d, 3d and 4th days. Stokes. b.
- 150. Pulse 90 instead of 72; 6th d. Stokes. c.
- . Pulse 80 with pain in the stomach; 7th d. Stokes. c. 75.

### *Upper Limbs.*

- . Itching on back and shoulders. 234.
- . Sweat in axilla; smelling of garlic, 8th d., especially in the evening and at night, lasted for a week. C. Hg.
- . Pulsating, dull stinging on the inner side of right shoulder-joint; after olfaction. Raue.
- 155. Severe pinching pain in the left upper arm, a hand breadth above the elbow, inwardly and on the inner posterior side; often repeated and very severe; for 15 min.; soon. C. Hg.
- . Sensitive pain in the middle of the left humerus; soon after in the fingers of the left hand; 2 hours after olfaction. C. Hg.
- . Violent bone pain in the left elbow, immediately after olfaction. C. Hg.
- . Drawing on the inside of the right forearm; after olfaction. Raue.
- . Burning pressure on the outer side of the right forearm; after olfaction. C. Hg.
- 160. Violent pinching in the bones of the right forearm; after the 1st cent. C. Hg.
- . Pain in the left wrist bones, in the morning after stool; 2d d. 1st cent. C. Hg.
- . Red spots on the dorsum of the hand. Hardenstein.
- . Aching pain in the metacarpo-phalangeal joint of left thumb; 15th d. Stokes. a.
- . \*Twitching of the fingers with spasmodic cough. 143.
- 165. Severe pains in the right forefinger, especially in the first phalanx, stinging and twitching towards the point; in the forenoon, after a week. C. Hg.

- . Pains in the fingers of the left hand. 156.
  - . Burning pains in the left ringfinger; 6th d. 1st dec. C. Hg.
  - . On the inner border of the nail of the fourth finger of the left hand burning-like fire. 233.
  - . The fold of the skin remains attached to the growing nail; more on the right side and mostly on the middlefinger; 14th d. 1st dec. C. Hg.
170. Irregular attacks of stabbing in the tips of the fingers particularly those of the left hand; 4th d. Several times again in the tips of the thumb and fingers of the left hand; until the 11th d. Stokes. c.

### *Lower Limbs.*

- . Violent itching on a place an inch wide and a hand long above the crest of the left ilium, towards the abdomen: the place is red, with many small pointed spots as if tetter would appear; on the 7th and following days. 1st dec. C. Hg.
  - . The itching on small spots, (171); near the left hip, returns when the erections (111) return; on the 13th d., at 3 to 4 A. M. 1st dec. C. Hg.
  - . Ulcerative pain in the left gluteal muscles. 13.
  - . Drawing aching in the left quadriceps tendon, each side of the top of patella, varied by occasional shoots below the external malleolus, and on the instep of left foot; 13th and 14th days, until 15th when it diminishes and disappears in the night. Stokes. a.
175. A rash on the thighs. 235.
- . Ulcerative pain in the left leg. 13.
  - . The legs and feet feel as if too full. 1st cent. C. Hg.
  - . Fullness and restlessness in the legs which becomes quite unbearable, he does not know what to do with them and finally he has to lie down; at 9 P. M., 5th d. 1st dec. C. Hg.
  - . Violent itching on the legs and ankles; 1st d. 1st dec. C. Hg.
180. A rash on the legs. 235.
- . Severe pains in the right ankle which do not prevent walking; 1st hour. C. Hg.
  - . Pinching pain in ankles; 1st cent. C. Hg.
  - . Flying, cutting pains in the bones and joints of the right foot; from olfaction; 1st hour. C. Hg.
  - . Pinching, pressing pain in the heel, as if in the bone, first left then right; 2d d. 1st cent. C. Hg.
185. Rash on the ankles. 235.
- . Shooting pain in the external malleolus and instep. 174.

### *Trunk and Limbs.*

- . Aching of the limbs and body; all day long. 206.

### *Motion and Rest.*

- . Throwing back the head increases the headache. 15.

- . After chewing, pain in the masticatory muscles. 52.
- 190. After rising, cough. 139.

### **General Symptoms.**

- . Great weakness, sleepiness, decrease of vision. Brauell.
- . Weakness, (1) weak, and easily tired, with catarrh. 123.
- . For a long time after, weak and easily tired. n. n.
- . Half an ounce of the acid will kill a young dog, 5-10 drops a frog. Brauell.
- 195. Restless and fidgety with uneasiness in stomach. 70. Stokes.
- . Convulsions. 29.

### **Sleep.**

- . Drowsiness. 191.
- . Sleep prevented by itching. 234.
- . Sleep disturbed by cough. 137.
- 200. Restless, tossing about at night, 2d d; sleeps badly, tossed about as before; 4th d. Stokes. c.
- . Passed a restless night, 2d d; sleep restless every night, with dreams of painful events, arose jaded; 7th d. Stokes. c.
- . Sleep is haunted by dreams of activity, and of events of a serious and important character, but they are not remembered on waking; 11th d. Stokes. c.
- . Headache at night. 18.
- . Itching around the hip. 172.
- 205. \*Less sensitive to disturbance from sleep. C. Hg.
- . Arose very tired with muddled head and aching limbs and body, and was thus all day; 5th d. Stokes. a.
- . Arose feeling jaded after a restless, tossing night; 1st d. Stokes. a.

### **Morning.**

- . Stool, 91, 92; urine scanty, offensive, 107; erection, 109; erections towards morning, 111; pain in wrist, 161.

### **Forenoon.**

- . Pain in stomach, 74, 75; stool 10 o'clock, 75, 93.

### **Noon.**

- 210. Epigastrium, pain and weight, 74; pulse, 149.

### **All Day.**

- . Headache, 21; pain in limbs, 206.

### **Afternoon.**

- . Fullness in head, headache, 15; distended, 74, 80, 82, and sensitive, 80; urging to stool, 88; stool, 91.

### **Evening.**

- . Headache in forehead, 12; candle flame seems larger, 27; carache, 39; in stomach weakness, 71; distension of stomach and abdo-

men, 72, 73, 81, 82, 96; stool, 91; 10 o'clock, 98; urine offensive, highly colored, 105; cough late, till after midnight, 137, sweat in axilla, 153; restless in lower legs, 178; weakness, 1; itching, 234.

### *Cold and Warmth.*

- . In-doors and out-doors headache the same. 15.
- 215. Hoarseness coming from the open air into the room. 120.
- . After taking cold cough and pain in larynx. 135.
- . \*She had to expect that when moving into the country, in November, about eight weeks after the proving, that she would take a very severe cold, instead of this she felt better in every respect. P. C. Hg.

### *Directions.*

- . From up down. 156, 235.
- . Right then left. 39.
- 220. Left, above, then right, below. 146, 181.
- . Left then right. 113, 114, 157, 184.

### *Sides.*

- . *Right side*: Pain in the forehead, 11, 12; burning in upper lid, 233, ringing in the ear, 38, and pain, 37. *Left side*: Around the eye pain, 35; itching in the canthus, 33; in petrous bone pain, 40.
- . *Left side*: Upper jaw and toothache, 51; inflammation of gums, 53; above the hip towards abdomen itching and little red points, 171.
- . *Right side*: Pain in testicles, 113. *Left side*: Pain in the spermatic cords, 114; pain in glans penis, 115; redness of glands, 117.
- 225. *Left side*: A stitch near the last rib, 146.
- . *Right side*: Stitches in the shoulder-joint, 154; drawing in the forearm, 158; pains in the forearm, 159, 160; inflammation of the fold of the skin on the nail, 169. *Left side*: Pain in upper arm, 155, 156; pains in the elbow, 157; wrist pain, 161; stitches in thumb, aching, 163; stabbing, 170; burning in the fourth finger, 233, in ring finger, 167; stinging in the points of the fingers, 170.
- . *Right side*: Pain in the joint of the foot, 181; pain in the foot, 183. *Left side*: Aching pain in the leg and gluteal region, 13; pain in patella and foot, 174.

### *Tissues.*

- . Pains deep in the bones tearing to and fro, 12; bone pains, 12, 35, 40, 156, 157, 160, 161, 183, 184.



- . Solid and liquid parts of body turn yellow, brown and even black when moistened by this acid. Brauell.
- 230. If this acid is brought in contact with wounds on the skin it causes pain; if injected into the rectum it causes discharge of feces and urine, screaming, stiffness of the spine and sinking in of the small of the back. If put into the eyes it is followed by burning, movement of the lids, pain, swelling and lachrymation. In the mouth: salivation, swelling of the salivary glands, nausea, cough, increase of phlegm, inflammation, erosion and gangrene. Brauell.
- . Touch sensitive to, tongue. 58.
- . When riding, weakness. 1.

### **Skin.**

- . Burning stitches in the skin on many places, particularly in the right upper eyelid, worst at the inner border of the nail of the fourth finger of the left hand, where it burns like fire; soon. 1st dec. C. Hg.
- . Itching as from crawling insects on the shoulders and back, in the evening when going to bed, it scarcely permits sleep and makes him very impatient; 9th d. 1st dec. C. Hg.
- 235. Prickly heat disappears on the upper half of the body and increases on the lower, first on the thigh, then on the leg, then on the ankles; after several days. C. Hg.
- . \*Syphilitic tetter. Pehrson.

### **Other Drugs.**

Clauss says sulphuretted hydrogen is an antidote to *Osmic acid*. Liebig's. Jahresbericht. 1848.

Antidote: *Phosphoric acid*. Buchner's Pharmacology.

*Phosphoric acid* causes similar pain in the spermatic cords. (Buchner could not have known this).

*Silicea* relieved inflammation of gums. 53.

*Spongia* and *Hepar* relieved somewhat the pains in larynx. 135.

*Mercurius* and *Belladonna* improved the catarrh of the larynx. 123.

Stimulating things increase the pain in stomach. 70.

Brandy and water sets the stomach right. 71.

### **Side Relations.**

Almost inseparable from *Iridium*; always occur together.

*Platina*, and all *Platinoids*.

### **Chemical Relations.**

*Sulphur*, *Arsenicum*, *Tellurium*, *Argentum*.

*Bromine*, both act principally on the eyes and lungs.



# PHYTOLACCA DECANDRA.

The peculiar symptoms that have been produced on men by *Phytolacca*, are worthy of a full description. It certainly is a very medicinal plant.  
S. Hahnemann, Lesser Writings, I. 191.

## HISTORY.

1795. Thesis by Benj. Schultz of Pennsylvania.  
1817. Dr. Geo. Hayward's Observations, New England Journal, October, 1817.  
1818. Necov. Comment. di med. publ. di Brera, 1818.  
1825. Rafinesque.  
1835. Kummer, through Dr. Freitag. Allentown.  
1835. Dr. Geist. Allentown.  
1835. '36 and '37. Bauer. C. Hering. Allentown.  
1846. Drs. Jeanes, Williamson, Kitchen, E. M. Smith and Neidhard.  
1849. Boston Quarterly. Cato.  
1864. Hale's New Remedies.  
Case of Poisoning by Dr. C. H. Lee of Etna, Pa.  
Proving by H. Barton Fellows.  
W. Warren's Accidental Proving. Read before the Onondaga Co. N. Y. Hom. Med. Society.  
Dr. A. V. Marshall's Proving.  
Dr. Bahrenburg's Accidental Proving.  
Dr. N. N.'s Provings.  
1865. Dr. A. W. Griggs. Accidental Proving. (Eclectic.) Hale's New Remedies.  
J. Lester Keep. Chemist. Hale's New Remedies.  
T. J. Allen. American Hom. Review. 1865, p. 454.  
Hughes. British Quarterly, p. 258.  
1867. Hale's second edition, p. 753.  
1869. Dr. E. Cooley's Proving. Trans. H. M. S. N. Y. 1870, p. 332.  
1871. Dr. W. Williamson. Transact. Penna. Hom. Med. Soc. 1871, p. 179.  
1872. Dr. W. L. Gilman. Hamilton, Ohio. Med. Inv. Vol. 9, p. 19.

Benj. Schultz. Experiment 1st. An ounce of the expressed juice to a middlesized dog of about three or four years old, on Oct. 7th. Experiment 2d. An ounce and two drachms of the juice of the berries to same dog. Oct. 17th. Experiment 3d. Ten drachms of the expressed juice of the root to same dog. Oct. 21st. Experiment 4th. Four scruples of the gummy part of the leaves dissolved in about four ounces of water, one half of which he gave to the same dog, with the assistance of Dr. Lacondre. Experiment 5th. An equal quantity of resinous product to same dog. Experiment 6th. Two ounces of distilled spirit from the berries to a middlesized dog. He repeated these experiments upon young dogs, and was surprised to find they were not affected by any preparation of this plant, even when given in three or four times the quantity used in the above experiments. The same circumstance was observed with respect to dogs of twelve or fourteen years of age.

Jacob Kummer. Tincture from root, leaves and flowers; took 15 drops, then 25, then 35, then 50 then 60.

Geist's symptoms were obtained from the tincture of the root.

Bauer's symptoms came from triturating the root for a tincture. In 1836

he took one drop of the 3d dil. on Sept. 7th, 8th, 9th, 10th and 12th. Twelve drops on the 19th. On Dec. 12th he again triturated the root. In 1837 he took ten drops in water on Jan. 24th and 25th.

C. Hering proved the tincture from the root.

J. Jeanes took a preparation from the tincture of the root, leaves and blossoms, 1 to 10, up to the 4th. 4 drops on sugar at 2 P. M.

Kitchen took 4 drops of 1st dil., Jan. 6th; 10 drops on the 7th; 20 drops 2d dil. on 10th; 40 drops 2d dil. at 5 P. M., on the 20th.

Neidhard took 10 drops of the 10th dil.

C. H. Lee's symptoms are from a boy 8 years of age, who was poisoned by eating the berries.

H. Barton Fellows took, Aug. 15th, 1864, 10 drops of the saturated tincture of the dry root in two ounces of water. Took a tenth part in the forenoon about an hour before dinner. Aug. 16th, swallowed about twice as much of the same preparation an hour after breakfast. Aug. 17th, put three drops of the same tincture in an ounce of water, and swallowed one half of it in the middle of the forenoon. Nov. 4th, 12 pellets of the 2d dec. dil. from the green root, at 11½ A. M. Nov. 7th, 15 pellets at 10 A. M. Nov. 14th, 8 drops of 2d decimal.

W. Warren's symptoms are from chewing the fresh root.

A. V. Marshall. First day, 9 A. M. took 10 drops of the essential tincture; 11 A. M. 20 drops; 12 M. one-half drachm; 2 P. M. 1 drachm; 9 P. M. 1 drachm. Second day, 8 A. M. one-half drachm; 3 P. M. 3 drachms; 6 P. M. 4 drachms. Third day, 6 A. M. 3 drachms; 11 A. M. 4 drachms. Fourth day, 8 A. M. 3 drachms; 12 M. 4 drachms; 2 P. M. 4 drachms. Fifth day, 7 A. M. 4 drachms; 2 P. M. 3 drachms.

Bahrenburg ate a small piece of the root, about the size of a common cherry, and gave small portions to several of his friends.

N. N.'s symptoms are from digging up and slicing the root.

A. W. Grigg's Accidental Proving. (Eclectic.) Feb. 19th, 8 o'clock a male mite six years old swallowed two or three fluid drachms of the tincture of the root of the common Poke.

J. Lester Keep's symptoms were produced by inhaling the powdered dust, with a chemist who prepared the dry root.

E. Cooley took 5 grs. at 4 P. M. March 1st and 10 grs. on March 3d.

W. M. Williamson's symptoms came from chewing and swallowing a small piece of the fresh fleshy root.

The symptoms of W. L. Gilman are from a family consisting of father, mother and three girls from 6 to 12 years of age, who were poisoned by eating the roots grated with horseradish, and are given in parenthesis.

## *Mind.*

- . \* Irresistable inclination to bite the teeth together. 243, 244, 251.
- . Desire to clench the teeth. 265.
- . Desire for death, with vomiting of blood. 442.

- . Cries out, with severe pain in stomach. 490.
- 5. \* Complained bitterly of pain in the back of the head. \*384.

- . Increased cheerfulness of the mind. Neidhard.

- . Indisposition to mental exertion. 71.
- . (Dread of movement. W. L. G.)
- . Indisposition to move. 914.



10. Disgust for the business of the day. 17.
    - . Melancholy. 453.
    - . Mind gloomy and more than usually irritable. H. B. Fellows.
    - . Eleven persons were taken sick after eating the berries; the children in half an hour, the adults in three hours; great anxiety, with pressure in the region of the stomach; deathly pallor; several had vomiting, several after taking lemonade, diarrhoea, lasting all night; restless sleep with delirious talk; weak in the morning; some had trembling of the limbs for several days. Landerer in Athens. Buchner's Repertorium, 9, p. 365.
    - . Towards evening confined to their beds, alarmed, think they are going to die. Bahrenburg.
  15. \*Very much frightened, sure she will die. \*388.
    - . Great agony. C. H. Lee.
- 
- . Sense of entire indifference to life, and disgust for the business of the day, on waking early in the morning. Rhees.
  - . \*Cannot be persuaded to take nourishment. \*377, \*385.
- 
- . \*Remarkable nervous phenomena, in diphtheria. \*378.
  20. Nervous restlessness. 734.
    - . Restlessness. \*663, \*753, 968.
    - . \*Unbearable pain. 663.
    - . \*Condition dangerous and distressing. 380.
    - . \*A form of insanity with albuminuria. 591.

### *Delirium.*

25. \*Delirious. 387.
  - . Slight delirium. 371.
  - . Delirious talk, in sleep. 13.

### *Sensorium.*

- . Vertigo. J. Lester Keep. 69, 70, 71, \*443, 452.
- . \*Vertigo, cannot walk. 386.
30. \*Vertigo, with danger of falling. 101.
  - . Vertigo, with dimness of vision. Bauer.
  - . Vertigo and impairment of vision, increased after strong coffee. W. Warren.
  - . Vertigo, dizziness, and dimness of vision; objects appear dim and indistinct. W. Warren.
  - . Dizziness. 107.
35. Dizziness, from rising up in bed. 375.
  - . Transient giddiness. Bauer.
  - . (Dulness, giddiness and vertigo. W. L. G.)
  - . Feeling of intoxication on rising and walking about. W. Warren.
  - . \*Staggering. 224.

40. (Semi stupor; falls asleep immediately after a paroxysm of cramping has ceased. W. L. G.)  
 . Stupidity. A dog. 461.

### *Headache.*

- . Headache. 2d day. A. V. Marshall. \*382, \*383, \*385, \*389. \*1197.
- . Slight headache all day. 3d d. A. V. Marshall.
- . \*Severe headache. 387.
- 45. \*Violent headache. 224.
- . \*Frontal headache. \*376, \*386, \*387, \*389.
- . Dull, steady aching pain, principally in the forehead. E. M. Smith.
- . Slight pain in the tuberosities of the forehead. Neidhard.
- . (Pains in forehead, worse after dinner. W. L. G.)
- 50. Dull pain across forehead. M. Macfarlan.
- . Dull pain in the forehead. Bauer.
- . In temples, pressure outward.
- . Pain in the temples and forehead; a. 15 h. Cooley.
- . Pain and pressure in the temples; a. 2 h. Cooley.
- 55. Shooting pain in the top of the head, which passes off and returns at intervals. E. M. Smith.
- . \*Back of the head and neck, pain. 384.
- . Pain in occiput. 69.
- . \*In back of head, great pain. 379.
- . Dull, bruised pain in occiput. W. Warren.
- 60. Pains throughout the head; aching. Jeanes.
- . (Dulness of the head. W. L. G.)
- . Dull feeling in the head. Bauer.
- . Dulness, with cough. A dog.
- . One-sided headache. Wmson.
- 65. Pain in the left region of combativeness. Jeanes.
- . Pain in the region of time and mirthfulness on the right side. Wmson.
- . Headache commencing in the frontal region, and extending back. J. Lester Keep.
- . Shooting pain from the left eye to the top of the head. Wmson.
- . A part of the time the whole head ached; a part of the time the pain was in the temples and was accompanied by a slight vertigo, and a part of the time the pain was most marked or confined to the occiput. H. B. Fellows.
- 70. A feeling of heaviness or weight in the head, and vertigo, beginning at 11 A. M.; the heavy feeling extends down through the shoulders and chest, and later in the day through the legs. H. B. Fellows.
- . A heavy aching feeling in the head, with vertigo and indisposition to mental exertion; at half past one P. M. H. B. Fellows.
- . Sensation of soreness in the interior of the head, deep in the brain. Wmson.
- . Pressure in the head as if it would burst; a. 1 d. Cooley.

- . Painful pressure on forehead and upper parts of both eyes. Kitchen.
- 75. Slight constriction across the forehead. Kitchen.
  - . Heavy aching pain about the forehead, after dinner. E. M. Smith.
  - . Pressure in the forehead after dinner, most in the glabella. Bauer.
  - . On forehead, pressure. 137.
  - . Pressure in the temples and over the eyes. Bauer.
- 80. Pressure on the temples, and constrictive feeling at the throat and precordia; some such feeling as that previous to sea-sickness. Kitchen.
  - . Heaviness in the head, especially in the temples. Bauer.
  - . Drawing pain in the right temple. Bauer.
  - . Heaviness at the top of the head: second day. A. V. Marshall.
  - . Pressure in the top of the head with dryness lasting an hour; second day. A. V. Marshall.
- 85. —
  - . (Sensation of soreness in the interior of the head. W. L. G.)
  - . Pain in the top of the head, and a sensation as if the brain were bruised when stepping from a high step to the ground. Rhees.
  - . Pain in temples with slight vertigo. 69.
  - . Dullness of the head with the sensation of weight in the forehead. Bauer.
- 90. Pain in forehead with increased sense of hearing. 177.
  - . Slight headache in the forepart of head with increased sense of hearing. Bauer.
  - . Severe pain in the temple with coryza, a. 4 h. Cooley.
  - . Headache, with coryza. 207.
  - . Heaviness of the head, accompanied by a feeling on the back part of the tongue as if burnt; while riding. H. B. Fellows.
- 95. \*Headache, in diphtheria. 375, 378.
  - . Dull pressing pain in forehead, accompanied by slight nausea. W. Warren.
  - . Headache, and nausea increasing. 429.
  - . Dullness in the head, with disturbed feeling in stomach. 481.
  - . (Headache with sickness at the stomach. W. L. G.) Williamson. 423.
- 100. Sick headache of several years standing, occurring once a week, disappeared for four months, when it returned but much modified and lighter. Bahrenburg.
  - . \*Sick headache. Took pills for it in the middle of February. Since that time better, but catamenia worse. It lasted through March, April and May, intermitting but for one week. Weakness. Small black eyes, pale, yellowish complexion. Sleeps well, and has a good appetite. Headache over the forehead, in spells; backache across lower part of back when standing and walking, more before catamenia; vertigo with danger of falling when sitting or standing, bearing down in the lower part of abdomen. C. Hg.

- . Very severe pain in the forehead and temples, with a feeling of lassitude; a. 4 h. Cooley.
- . Slight fulness of forehead with constant gaping. Kitchen.
- . Pain in the left temple, followed by burning in the skin in the left "region of time." Jeanes.
- 105. Sore pain over the head, worse on the right side and in damp weather, as if an attack of sick headache was approaching. Wmson.
  - . Heat in the head. Bauer.
  - . Heat in the head with slight dizziness and nausea; a. 3 h. Cooley.
  - . (Coldness in the head. W. L. G.)
  - . Headache from walking. Wmson.
- 110. When gaping, slight pressure across forehead. Kitchen.
  - . Nausea and headache somewhat relieved by eating, although soon returning with increased severity. W. Warren.
  - . During the forenoon a severe headache, which began soon after breakfast. H. B. Fellows.
  - . Pain in the forehead increased by vomiting. W. Warren.
  - . Motion increases the pain in head and causes vertigo. H. B. Fellows.
- 115. Headache in the vertex, beginning while riding at 5 p. m. H. B. Fellows.
  - . Pain in the head lasted until going to sleep at night. H. B. Fellows.
  - . Unpleasant feeling in the head and stomach; nearly all disappeared at 8.15 p. m. W. M. Wmson.
  - . Moving, transitory pains in various parts of the head, almost constantly for ten days, generally on one side at a time, but more frequently, and most severe on the right side. Wmson.
  - . When bending the head forward, fulness in throat. 355.
- 120. On turning the head to the left side, sensation as if a lump had formed in throat. 344.
  - . A case of tinea capitis of twelve years standing, which had resisted various kinds of treatment, was cured by the ointment. Bigelow.

### *Sight.*

- . Impairment of vision, with vertigo. 32.
- . Double vision.
- . While taking the medicine, increased long sightedness, after discontinuing it, less long-sighted than before. Jeanes.
- 125. Dimness of vision. C. H. Lee.
  - . Great dimness of sight for several days. Jeanes.
  - . Objects appear dim and indistinct. 33.

### *Eyes.*

- . Enlarged pupils. 224.
- . Pupils contracted. 953.



130. Photophobia in the morning. E. M. Smith.
  - . Smarting in the left eye. Jeanes.
  - . Burning, smarting, tingling pain in the eyes; itching aggravated by gaslight; abundant flow of tears; agglutination; catarrhal opthalamia; conjunctivitis; dimness of vision. Hom. World, Vol. 6, p. 119.
  - . Sensation in the eyes like that caused by horse-radish. Bauer.
  - . Burning and smarting sensation in the left eye, with great flow of tears. E. M. Smith.
135. Sharp pain goes through the ball of the eye on reading or writing. M. Macfarlan.
  - . Pressure in the eyes. Bauer.
  - . Some painful pressure on upper parts of both eyes and forehead. Kitchen.
  - . Sensation as if a grain of sand was lodged under the left eyelid, causing a secretion and flow of tears from that eye, continuing fifteen days. E. M. Smith.
  - . Sandy feeling in the eyes. Jeanes.
140. Shooting pain from the left eye to the top of the head. Wmson.
  - . —
  - . Smarting in the internal canthi of both eyes, but worse in the left one and very much aggravated by gaslight in the evening. Wmson.
  - . Itching at internal canthi of eyes, very severe, which causing the application of the finger to rub the eye, the ball became very painful from the slight pressure. Jeanes.
  - . Soreness on closing the eyelids. E. M. Smith.
145. Looking down increases the pain. 151.
  - . Feeling in the eyes and nose as if a cold would come on, and continues all day. Bauer.
  - . Pressure over the eyes. Bauer.
  - . Over the eyes, pressure. 79.
  - . Upper part of both eyes, pressure. 74.
150. Pressure around the eyes in the afternoon as if the eyes were too large. Bauer.
  - . Pain just above the eyebrows with sickness of the stomach; the pain is increased by looking down, and by stooping. Jeanes.
  - . Aching pain along the lower half of the orbit. Wmson.
  - . \*Eyes staring. 380.
  - . Eyes bleared and dancing, pupils contracted. A. W. Griggs.
155. Eyes bleared and dancing, with tetanus. 953.
  - . Eyes deeply sunk in their orbits. Bahrenburg.
  - . Lachrymation. 132.
  - . \*Lachrymation, with coryza. 197.
  - . Increase of tears, with menorrhagia. 634.
160. \*Conjunctivitis. 132.

- . Flow of tears all the time from the eyes, relieved in the open air. E. M. Smith.
- . Eyes very much inflamed; tears flowing continually. N. N.
- . \*Granular conjunctivitis. C. S. Fenner. (Old school.) N. A. Med. Chirurg. Rev., Jan. 1857.
- . \*Catarrhal ophthalmia. 132.
- 165. Catarrhal inflammation of the eyes. Neidhard. Rauc's Record, 1870. p. 183.
- . \*A horse. *Phytolacca decandra* radix (a small piece inserted under the skin, relieved much sooner than usual, sometimes in less than a quarter of the time, an effusion between the layers of the cornea. The horse was blind on one eye, and often had attacks of inflammation of the eye and afterwards the effusion mentioned, mostly coming on after being worked hard. The attack, if allowed to run a natural course, would pass off in from five to six weeks; when treated by *Phytolacca*, in from one to two weeks. (From Dr. M. Gant, Monticello, Jefferson Co., Va.) Neidhard.
- . Sclerotica dark yellow color. 222.
- . Reddish blue swelling of the eyelids, worse on the left side and in the morning; cannot shut the eye without pain the whole forenoon, better in the afternoon. E. M. Smith.
- . Agglutination of the eyelids. 132.
- 170. Agglutination of the eyelids during the night. E. M. Smith.
- . Eyelids agglutinated and oedematous in the morning. N. N.
- . Muscles of the eyes affected; motions of one eye independent of the other. 682.
- . Many of the symptoms of the eyes were felt a month after taking the medicine, especially on shutting the lids at night. E. M. Smith.
- . In three cases of apparent *fistula lachrymalis* it is reputed to have performed cures, by being applied to the tumors twice a day, for two or three weeks. Cox's Am. Disp.
- 175. The symptoms of the eye were better for a few days after taking *Sulphur*, but afterwards returned altogether on the left side; took *Spigelia* and *Ignatia*, the last with good effect as an antidote. E. M. Smith.

### *Hearing and Ears.*

- . Sense of hearing increased. 91.
- . Increased sense of hearing with pain in the forehead. Bauer.
- . Sensation as if hearing was dull, but it is sensitive to the most minute sounds. 180.
- . Rushing sound in left ear. 180.
- 180. A sensation of obstruction in the left Eustachian tube with a rushing sound in the ear of the same side, and a feeling as if the hearing were dull, while at the same time it is sensitive to the most minute sounds. Rhees.

- . Shooting pain in the right ear, very quick. Geist.
- . Through both ears, shooting pains when swallowing. 323.
- . Pain in both ears, worse in the right one. Wmson.
- . Irritation extending from the posterior fauces into one of the eustachian tubes. Jeanes.
- 185. A painless tumor which he had under the left ear, becomes red and painful. Bauer.
- . A pustule behind the right ear. Bauer.
- . A small boil behind the right ear which appeared four weeks before and was healed, returned and went on to suppuration and discharged matter and blood. Bauer.

### *Smell and Nose.*

- . The odor of the cut and bruised root was very offensive and nauseous. W. Warren.
- . Smarting and stinging sensation in nostril; a. 15 h. W. M. Wmson.
- 190. Sensation in right nostril as if tickled with a stiff feather; a. 2 h. W. M. Wmson.
- . After riding in an open carriage for three hours, sensations in nose and throat, 189, 311, almost entirely gone. W. M. Wmson.
- . Drawing sensation above the root of the nose. Bauer.
- . In nose and eyes feeling as if a cold would come on. 146.
- . Cold in head. Bauer.
- 195. Severe coryza; a. 3 h. Cooley.
- . Fluent coryza. N. N.
- . Coryza, with lachrymation. Neidhard.
- . Coryza, with pain in temples. 92.
- . \*Coryza and cough with redness of the eyes and lachrymation, *photophobia*, feeling of sand in the eyes, with soreness and burning. Neidhard.
- 200. Cold in the head, coryza; flow of mucus from one nostril; stoppage of the nose by abundance of tenacious mucus. Hom. World, Vol. 6, p. 119.
- . A flow of liquid mucus from one nostril; while the other is stopped, as in coryza. E. M. Smith.
- . Discharge of mucus from one nostril at a time, sometimes one, and sometimes the other. Wmson.
- . Cold in the head, the right nostril is stopped during the whole day and the next morning. Bauer.
- . Thin watery discharge from the nostrils, which increased until the nose became stuffed. J. Lester Keep.
- 205. One nostril was stopped up during the night. H. B. Fellows.
- . Catarrh. Flow of mucus from one nostril, while the other is stopped; total obstruction of the nose when riding. Raue's Pathol. & Therap.
- . All the effects of a severe coryza, (in a person powdering it)

- accompanied with headache, purging and prostration of strength. Donelly. Griffith's Med. Bot.
- . The cold he had, increases. Bauer.
  - . Catarrh. Drawing sensation above the root of the nose, with feeling as if a cold would come on. Flow of mucus from one nostril, while the other is stopped; thick white and yellow mucus about the fauces; sensation as of a lump in throat. (Ingalls, N. Y. St. Tr., pp. 613—619.) Raue's Record, 1870, p. 168.
210. Nose excoriated. 371.
- . Total obstruction of the nose only when riding, so that one is forced to breathe altogether through the mouth, and cannot relieve himself by blowing the nose. Rhees.
  - . Inability to breathe through the nostrils. J. Lester Keep.
  - . Face flushed. 376.
  - . Heat in the face after dinner. Bauer.
215. Heat on the left side of the face in the afternoon. Bauer.
- . Heat and redness about the face and head, with a sense of fullness; coldness of the feet at the same time. Wmson.
  - . The face turns pale. Bauer.
  - . Deathly pallor. 13.
  - . Very pale countenances. 470.
220. (Paleness of the face, which looked blue and suffering. W. L. G.)
- . \*Pale, yellowish complexion. 101.
  - . Dark yellow color of the face and sclerotica. W. Warren.
  - . Sickly look of the face. W. Warren.
  - . \*Stupid expression of the face, enlarged pupils, violent headache, staggering. A boy three years old, after eating of the boiled root, got well after coffee. Gass. Lomb., 1852.
225. (Blue and suffering look of the face.) 220.
- . Distortion of the face. \*682.
  - . Convulsive action of the muscles of the face and neck; the chin drawn closely to the sternum, which condition lasts five or ten minutes, to be succeeded by partial relaxation, and returns in twenty minutes more with the same violence. Treated by letting cold water flow gently upon the head and drinking milk, which relieved. A. W. Griggs.
  - . On forehead cool perspiration. 1039.
  - . A very peculiar pressure and tension in the parotids for several days. Bauer.
230. Aching pain along the lower half of the right orbit. Wmson.
- . A very peculiar tension and pressure in the parotids; hardness of a gland on the right side of the neck, suppuration of a tumor behind the right ear, with a discharge of matter and blood. Hale's New Rem.
  - . Pain in the superior maxillary; a. 3 h. Cooley.
  - . Pain in the superior maxillary bone and teeth; a. 18 h. Cooley.
  - . Swelling in and around the left ear and side of the face, like ery-



sipelas, then ran over the scalp, horribly painful to the touch.  
M. Macfarlan.

235. \*Enlargement of the parotid and submaxillary glands.  
. \*Blotches in the face. 266.

### Lips.

- . Lips everted and firm. A. W. Griggs.  
. Upper lip excoriated. 371.  
. Lower lip drawn down. A. W. Griggs.  
240. Ulcers on the lips. \*231.  
. Eruption on the upper lip under the nose, left side, forms a crust.  
Bauer.  
. A lump on the right lower lip, fibrous tumor growing very quickly.  
*Phytolacca radix*.

### Teeth.

- . Irresistible inclination to bite the teeth together. Bauer.  
. Disposition to bite the teeth together. Geist.  
245. Teeth clenched. A. W. Griggs.  
. \*Mercurial toothache. 281.  
. Shooting pains in the molar teeth of the upper and lower jaws of  
the right side; in one who never suffered from toothache before.  
Bauer.  
. Sensation of elongation and looseness of teeth. 265.  
. Looseness of the teeth. N. N.  
250. \*Difficult dentition. Hom. World, Vol. 6, p. 119.  
. \*Difficult dentition. Irresistible inclination to bite the teeth to-  
gether; 12th dil. S. A. Merrlll.

### Taste and Tongue.

- . \*Disagreeable taste in the mouth. 644.  
. Metallic taste. 276.  
. Metallic taste in the mouth; 4th day. A. V. Marshall.  
255. Taste like nuts in the mouth. Bauer. Taste bitter, at first, but  
leaving a slight feeling of smarting and coldness towards the tip  
of the tongue. Jeanes.  
. On the back part of the tongue a burnt feeling. 94.  
. \*Tongue very red at tip, \*379; fiery red at tip, \*381.  
. Tongue coated white. C. H. Lee.  
. A white coating on the tongue for three days; 5th day. A. V.  
Marshall.  
260. Tongue coated yellow, and dry; a. 3 h. Cooley.  
. \*Tongue thickly coated at back part. 381. \*Furred tongue.  
1166.  
. \*Tongue protruded. \*381.  
. Sores on the tongue. M. Macfarlan.  
. Small ulcers like those caused by mercury on tongue. 265.  
265. Tongue white, hot, rough; tender and smarting at the tip; small

ulcers everywhere like those caused by mercury; also the metallic taste of this drug, and the sense of elongation and looseness of the teeth, and the desire to clench them. Hom. World, Vol. 6, p. 119.

- . \*Tongue thick; throat sore, after washing when feeling hot; from overexertion. Eruption like blotches in the face, worse in the afternoon after washing and eating. N. N.

### *Mouth.*

- . Flow of saliva. Bauer.
- . Flow of saliva into the mouth. Bauer.
- . Mouth fills with water. Geist.
- 270. Secretion of saliva increased. J. Lester Keep.
- . Profuse secretion of saliva, each day; 3d day. A. V. Marshall.
- . Profuse saliva; 4th day. A. V. Marshall.
- . Profuse secretion of saliva. 763.
- . Constant flow of salivary secretion, from mouth and throat of a thick, tenacious, ropy consistency. W. Warren.
- 275. Profuse saliva, sometimes yellowish, often thick, ropy tenacious; swelling of the soft palate. Hom. World, Vol. 6, p. 119.
- . The saliva is yellowish and has a metallic taste. Bauer.
- . Spitting of water with eructation. 415.
- . Increase of saliva, with menorrhagia. 634.
- . —
- 280. \*Mercurial ptyalism, with inflammation of the gums and teeth. Hom. World, Vol. 6, p. 119.
- . Mercurial ptyalism, and mercurial pains of the teeth; inflammation of the gums, and buccal cavity; rheumatic odontalgia, ulceration of the buccal cavity, and various forms of sore throat. Hale's New Rem.
- . Two small ulcers on the inside of the right cheek, like those caused by mercury,—so painful, that he is obliged to chew on the left side. Bauer.

### *Palate and Fauces.*

- . Palate and fauces inflamed. \*387.
- . Fauces and soft palate inflamed. \*386.
- 285. Darkish red inflammation of the fauces, the tonsils swollen, ulcerated, and with thick, white, and yellow mucus present. Hom. World, Vol. 6, p. 119.
- . Fauces red, pharynx looks dry and of a dark color. \*362.
- . General soreness of posterior fauces, and apparent extension of the irritation into one of the eustachian tubes. Jeanes.
- . Irritation extending from the posterior fauces into one of the eustachian tubes. Jeanes.
- . From fauces irritation extending into eustachian tube. 184.
- 290. \*Fauces and pharynx look dry. 362.

- . Swelling of the soft palate. 275, 360.
- . Dryness of the palate in the morning. Wmson.
- . Tenderness and heat in the roof of the mouth and on the tongue. E. M. Smith.
- . (Dryness of the fauces. W. L. G.)
- 295. Sensation of dryness of a spot in the fauces on the left side, in the morning, continuing until after breakfast. Wmson.
- . In fauces, a feeling as if a red hot ball of iron had lodged there. 370.
- . Smarting in the fauces; a few minutes after. H. B. Fellows.
- . In fauces, fulness. 299, 300, 1087.
- . Feeling of fulness in fauces and larynx, with a disposition to hawk up mucus from the throat, though none could be raised. H. B. Fellows.
- 300. Sensation of fulness in the fauces and upper part of the larynx, and a sensation of a lid there, which lasted until afternoon. H. B. Fellows.
- . The root caused inflammation of the fauces and pain in the stomach. Necov. Comment. di med. publ. di Brera, 1818.
- . Hawking. 354.
- . Hawking of phlegm. 362.
- . Hawking; raises small pieces of tough sticky mucus. 311.
- 305. Hawking without being able to raise mucus. 299.
- . Disposition to hawk and clear the throat without relief. 312.
- . Discharge of mucus from the posterior nares, which is detached with difficulty, and which continually excites a disposition to attempt to expel it. H. B. Fellows.
- . Tenacious false membrane on fauces and tonsils, in diphtheria. 378.
- . Uvula large, almost translucent. \*324.

### *Pharynx and Deglutition.*

- 310. Strings of mucus adhering to upper part of pharynx. \*362.
- . Dryness of the pharynx and hawking continues, raised several small pieces of a tough sticky mucus; a. 15 h. W. M. Wmson.
- . Dry sensation in the upper part of the pharynx, disposition to hawk and clear the throat, without affording relief; a. 2 h. W. M. Wmson.
- . An unpleasant sensation of dryness in the pharynx towards morning, which makes him cough. Bauer.
- . Dryness of the pharynx, causing cough towards morning. Bauer.
- 315. Roughness in the pharynx. Bauer.
- . Sensation in the pharynx like that caused by eating choke pears. Hales' New Rem.
- . Constant inclination to swallow. 368.
- . \*Swallowing painful. 382.
- . \*Difficulty of swallowing. 376.
- 320. \*Deglutition difficult. 383.

- . \*Deglutition almost impossible. 386.
- . \*Deglutition impossible. 385, 387.
- . Difficulty of swallowing became so severe, that he was unable to swallow even water; every attempt to swallow attended with excruciating shooting pains through both ears. J. Lester Keep.
- . \*Chronic Pharyngites. A man aet. 45, had had chronic follicular pharyngites for several years. Membrane lining fauces and pharynx as well as the velum pendulum and the uvula, pale, puffed and flabby. Uvula large, almost translucent. Distressing sensation of enlargement of the calibre of the pharynx and œsophagus from the choanæ to the epigastrium, much aggravated by exposure to damp winds. It then begins at the choanæ, and in twelve hours extends to the epigastrium. On reaching this point it provokes a cough, paroxysmal, extremely distressing, and attended by very profuse and exhausting expectoration of thick, starch-like mucus. The whole chest then feels like a big, empty cask; as if its calibre were enlarged tenfold. Great constitutional debility along with these attacks. The patient who is intolerant of stimulants, can take whiskey to any extent and with great temporary relief. *Phytolacca* 6, a dose every other night for a month cured this condition. T. F. Allen. Am. Hom. Rev. 1865, p. 454.
- 325. \*Soft palate and tonsils inflamed. 385.
- . \*Enlarged tonsils. Also with surface ulcers. G. C. Brown. Hale's New Rem.
- . \*Enlargement of the tonsils, and uvula, with harassing, hawking cough, after every cold; bluish cast of the tonsils, which is considered characteristic. D. Haggart. Med. Investig., Vol. 8, p. 161.
- . All of the symptoms relieved by eating, but especially the throat symptoms. W. Warren.
- . Symptoms of throat and nose return after being in a warm room. W. M. Wmson.

### **Throat.**

- 330. Sensation of scraping and rawness in the throat and tonsils. W. Warren.
- . The throat feels very dry, sore, and raw; deglutition is almost impossible, as if something had lodged in the throat. Hom. World, Vol. 6, p. 109.
- . Feeling in the throat as though it was burned; a. 4 h. Cooley.
- . Redness and soreness of the throat; 2d d. A. V. Marshall.
- . Great dryness of the throat. Jeanes.
- 335. Dryness of the throat, the tonsils a little swollen. C. H. Lee.
- . (Throat very dry, rough and sore, with feeling of a lump therein. W. L. G.)
- . \*Dryness in throat, worse morning and evening. 2. Neidhard.



- . Dryness, soreness, roughness, and redness of the throat, all the time; 4th d. A. V. Marshall.
- . Throat feels very dry and sore, especially on swallowing in the afternoon. E. M. Smith.
- 340. Dryness of the throat on going to bed. E. M. Smith.
- . Dryness of the throat, worse in the morning. Winson.
- . (Sensation of a lump in the throat. W. L. G.)
- . \*Sensation of a lump in the throat. 209.
- . Soreness of the throat and a feeling when swallowing saliva as if a lump had formed there—the same sensation also felt on turning the head to the left side. E. M. Smith.
- 345. —
- . A sensation of a plug in the throat, not relieved by hawking, while riding in the forenoon. H. B. Fellows.
- . Constrictive feeling at the throat. 80.
- . Sensation in throat like that caused by eating choke-pears. Bauer.
- . In throat, pain and suffocating feeling. 725.
- 350. Pain and suffocation in the lungs, throat and fauces; a. 3 h. Cooley.
- . Pressing pain in the right side of the throat. Kummer.
- . Excoriation, in throat. 448.
- . Sensation as if something had lodged in the throat, at the root of the tongue. W. Warren.
- . A sensation of the throat being so full that it felt choked; hawking to rid the throat and posterior nares of mucus; the raising of mucus succeeds the feeling in the throat; while riding. H. B. Fellows.
- 355. A sensation of fulness as if something had lodged on the left side of the throat (came on after bending the head forward in writing) aggravated by turning the head to the left. H. B. Fellows.
- . Sore throat. All on the right side. Throat reddened and tumefied. No pain when swallowing food, but painful when swallowing saliva. Lowspirited. Indifferent to his surroundings. Wishes some one would knock him on the head and kill him. Tongue coated white, and slimy. Has to drink often to keep the throat moist. Weight on the back of the neck. Pressing pain going up the back of the neck, on the right side only. The right side of the head feels as if firmly pressed, causing pain in the eyes. Pain in throat from root of tongue downwards towards the outer attachment of the clavicle. Cannot bear clothes on throat. Drawing stinging and pressing pain down the right side of the neck towards the shoulderblade. Had *Laches.* and *Lycopod.* without relief. *Phytolacca* Sc., Fincke, cured in two days. Knerr.
- . \*Sore throat after syphilis. 1150.
- . \*Sore throat. W. M. Wmson. Transact. Penna. Hom. Med. Soc. 1871. 379, 384.

- . Throat felt sore, the fauces were congested and of a dark color.  
C. H. Lee.
- 360. Sore throat and swelling of the soft palate in the morning, with a thick white and yellow mucus about the fauces, after the removal of which the throat felt better, and still better after breakfast.  
E. M. Smith.
- . Throat sore and very red as far down as can be seen; tonsils swollen; some cough. A. V. Marshall. Hale's New Rem.
- . Chronic sore throat, the fauces and pharynx look dry and of a dark color, with a few adherent strings of mucus high up, and hawking of phlegm morning and evening. (H. Ussher, M. H. R., Vol. 14, p. 421.) Raue's Record, 1871, p. 27.
- . —
- . \*Chronic sore throat, with some degree of inflammation, but without ulceration, especially if the inflammation extends to uvula, palate, or Schneiderian membrane.
- 365. Tubercular sore throat; as a gargle. (Newton. Hom. World, Vol. 4, p. 117.) Raue's Record, 1870, p. 145.
- . Sore throat connected with derangement of digestive organs.  
Hom. World, Vol. 6, p. 120.
- . \*Sore throat, with chronic constipation. 544.
- . Ulcerated sore throats, where *Merc. viv.*, *Merc. jod.* and *Bellad.* did no good. Large ulcers on one side of the throat, with a good deal of tumefaction and constant inclination to swallow. First dec. dil. in water. D. S. Smith. Hale's New Rem.
- . Sore throat of scarlatina, in cases going on to suppuration; also in induration of mammary glands. (Anderson, confirmed by Skiff and Mosman. Med. Inves. 7, 168.) Raue's Record, 1871, p. 206.
- 370. Angina. Dryness, feeling as if a red-hot ball of iron had lodged in the fauces, when swallowing; cannot eat hot fluids; choking sensation. Raue's Pathol. and Therap.
- . Scarlatina anginosa; fever rages with unwonted severity; no eruption; nose and upper lip much excoriated by an acrid discharge; slight delirium; great prostration. Mandeville. Hale's New Remedies.
- . \*Diphtheritic sore throat. C. W. Boyce.
- . \*Diphtheria. (E. A. Lodge, Am. Obs. 7, 333.)
- . \*Diphtheria. *Phytolacca* 30th. Stearns.
- 375. Diphtheria. Great headache, violent aching in the back and limbs; great prostration; cannot stand; when rising up in bed, gets faint and dizzy. Raue's Pathol. and Therap.
- . \*Diphtheria. Frontal headache; aching limbs; fever; sore throat; difficulty of swallowing; three or four small patches of membrane on left tonsil; both swollen; pulse 120; face flushed; great thirst; *Acon.* and *Bellad.* for three days without any improvement; the membrane increased. *Phytolacca*, three drops of the

tincture every hour; a gargle of the same. In three days cured. Reed (England). Hale's New Rem.

- . \*Diphtheria. For two days has had a little fever and sore throat; says he is cold all the time; refuses to take food; both tonsils are twice as large as they ought to be, and covered in patches with a whitish false membrane; pulse 118: very weak: he lies on the lounge all the time. Burt. Hale's New Rem.

- . \*Diphtheria. Fever, high pulse, general and rapid prostration, remarkable nervous phenomena, consecutive paralysis, vomiting, dyspnoea, headache, enlarged glands, and especially a false membrane on the fauces and tonsils, which is very tenacious, and has the appearance of dirty wash leather. Hom. World, Vol. 6, p. 120.

- . \*Diphtheria. Severe chill at night; great pain in the back of the head, back and limbs, followed by fever and sore throat; both tonsils very much swollen, covered with a greyish pseudo-membrane; tongue very red at the tip, coated white; great prostration; cannot stand; if she raises up in bed, she immediately faints away; prognosis unfavorable. Burt. Hale's New Rem.

380. \*Diphtheria. Tonsils very much swollen, covered by false membrane; panting for breath; eyes staring, condition dangerous and distressing. Four drops of tincture every hour. John Doy. Hale's New Rem.

- . \*Diphtheria. A child four years old: in advanced stage; both tonsils much swollen; completely covered with dirty white pseudo-membrane: fauces and soft palate highly inflamed: tongue protruded, thickly coated at back part, fiery red at tip; deglutition almost impossible; high fever: pulse 140; prognosis unfavorable; treatment, a wet compress to the throat. *Phytolacca*, a drop of the tincture every half hour, for six hours; then if relieved, every hour; after four doses the child seemed to breathe more freely; after twelve hours the membrane began to come away in large patches, and on the next morning the tonsils were quite clear, but red and tender: cured. Reed (England). Hale's New Rem.

- . \*Diphtheria. A girl, age 20. Both tonsils swollen, and completely covered with pseudo-membrane; swallowing caused great pain, tongue much furred, considerable fever and headache; pulse 110. *Phytolacca*, three drops of the tincture every hour, with gargle; cured in two days. Reed (England). Hale's New Rem.

- . \*Diphtheria. Throat sore; very restless at night; slight headache, with a severe pain in her back and legs; very chilly all the time; throat very sore; both tonsils very much swollen, and covered in patches with a dark-colored pseudo-membrane; deglutition very difficult; face very much flushed; great prostration; cannot sit up any, she is so faint and weak; bowels regular. Four drops every half hour, with gargle. Burt. Hale's New Rem.



- . \*Diphtheria. Severe chill in the night, followed by high fever and sore throat—(*Acon.* and *Bellad.* all day, but no relief.) Midnight, patches of pseudo-membrane on the tonsils; complained bitterly of the back of her head and neck; back and limbs aching; pulse 120; bowels costive; loss of appetite. Three drops every hour, with a gargle. Burt. Hale's New Rem.
- 385. \*Diphtheria. For the last two days has had a fever, with chills all the while; throat has been very sore, and is getting worse all the time; head, back and legs are aching constantly; pulse 130; very weak and soft; soft palate and tonsils violently inflamed and swollen; both tonsils are covered with grayish pseudo-membrane; cannot swallow anything; very weak; cannot sit up; has not eaten anything for two days; cannot be persuaded to take nourishment. Two drops every hour. Burt. Hale's New Rem.
- . \*Diphtheria. Throat commenced to feel very sore, followed by high fever all day; right tonsil very much swollen; at noon commenced to see white substance on the tonsil; at 10 P. M. right tonsil covered with a white pseudo-membrane; fauces and soft palate very much inflamed; deglutition almost impossible; loss of appetite; great frontal headache; bowels moved every two hours, with severe pain in the umbilical region; great prostration; vertigo so great, that she cannot walk; pulse 127, soft. Four drops every hour, and a gargle. Burt. Hale's New Rem.
- . \*Diphtheria. Throat commenced to feel sore with severe headache; back and limbs aching severely; both tonsils covered with greyish pseudo-membrane, soft and swollen; palate and fauces violently inflamed; deglutition impossible; severe frontal headache; high fever; pulse 128; delirious at times; bowels costive; has not slept through the night. Four drops every half hour, with a gargle. Burt. Hale's New Rem.
- . \*Diphtheria. Tonsils and soft palate covered with a false membrane of a greenish color; both tonsils twice as large as they ought to be; neck very stiff; pulse 128. Very much frightened, sure she will die; hands and limbs trembled constantly. (*Bellad.* and *Iodide of Mercury* in alternation.) Very much worse in morning; fever the same, still trembling. (One dose of *Aconite*.) *Phytolacca*, six drops every hour and a gargle. All symptoms better, but a scarlet eruption made its appearance all over the body and limbs, but more on the legs than on the body; urine is albuminous. Continued same treatment every two hours. Morning, right tonsil free from membrane, but looks very raw, and burns. Next morning, false membrane gone, swelling disappeared, except that of the left tonsil. Cured in a few days. Burt. Hale's New Rem.
- . \*Diphtheria. 10 P. M. Slight pain in left tonsil when swallowing; rested well until 2 A. M.; awoke with a severe frontal headache; back and legs aching very hard, with high fever and sore



throat; could not sleep any more. 8 A. M. pulse 120 and very soft; head, back and legs aching violently, throat very sore; left tonsil very much swollen and covered with a greyish false membrane; right tonsil has patches of the pseudo-membrane on it; deglutition is almost impossible; great prostration; can stand up only a few moments at a time; it makes him so faint and dizzy. Burt. Hale's New Rem.

390. \*Diphtheria. Arrested the secondary deposit. Edmund Blake (England). Hale's New Rem.
- . \*Diphtheria. *Phytolacca* promises to surpass all other remedies. O'Brien (England). Hale's New Rem.
- . \*Diphtheria. Thirteen cases. H. K. Bubb (England). Hale's New Rem.
- . \*Succeeded with *Phytolacca* in thirty-two out of thirty-four cases of Diphtheria. Burt. Hale's New Rem.

### *Appetite and Thirst.*

- . No loss of appetite; no pain. N. N.
- 395. Raging appetite. Bauer.
- . The usual appetite remaining, notwithstanding the nausea of the stomach. Wmson.
- . Hungry soon after eating, for several days in succession. Bauer.
- . Appetite at breakfast as usual. W. Warren.
- . Appetite not so good as usual. E. M. Smith.
- 400. \*Loss of appetite. \*384, 386, \*516, \*1166.
- . \*Great thirst. \*376.
- . —(Constant thirst. W. L. G.)
- . Considerable thirst, with painless passages. Bæhrenberg.

### *Eating: before, during and after.*

- . Could not eat. \*481.
- . After eating, vomiting. \*454 or 484.
- 405. Worse after eating, nausea and headache. 111, 407. Blotches in the face. \*266.
- . Relieved by eating, nausea and headache. 111, 407.
- . Headache and nausea relieved by eating, but soon after worse than before. 111, 407.
- . Eating relieves throat symptoms. 328.
- . Soon after breakfast, headache begins.
- 410. After breakfast, throat felt better. 360.
- . After dinner: Pains in forehead worse, 49; aching pain about forehead: 76; pressure in glabella, 77; heat in the face, 214.
- . \*Attacks begin after dinner, or after supper. 644.
- . On sitting down to tea, unpleasant feeling in head and stomach returns. \*481.

## *Eructations.*

- . Eructations. Bauer.
- 415. Eructation with spitting of water. Bauer.
- . Eructation of flatus. Jeanes.
- . Eructations of flatus and sour fluid, with nausea. 430.
- . \*Violent efforts to eructate, to relieve constricted sensation in the right hypochondrium. 644.

## *Nausea and Vomiting.*

- . Seasickness. 80.
- 420. Feeling of sickness, as if he would vomit. Jeanes.
- . Sickly feeling in the stomach. Wmson.
- . Sickness of stomach, with headache. 99.
- . Sickness of the stomach accompanying the headache. Wmson.
- . Sickness of stomach, with pain above the eyebrows. 151.
- 425. Slight nausea; a. 1 d. Cooley.
- . Nausea. 107, \*1149.
- . Extreme nausea. 437.
- . Nausea, with pain in forehead. 96.
- . The nausea and headache continue to increase. W. Warren.
- 430. Nausea, eructations of flatus and sour fluid. Hom. World, Vol. 6, p. 120.
- . Slight nausea, with burning griping pains in the umbilical region. C. H. Lee.
- . A dog. Nausea and drowsiness, but no vomiting; the other effects nearly the same as with Experiments 1, 2 and 3. Experiment 4. Schultz.
- . A dog. Nausea and drowsiness, followed by slight convulsive motions, no vomiting. Experiment 6. Schultz.
- . Nausea on waking out of sleep in the night. Wmson.
- 435. Nausea and violent vomiting. C. H. Lee.
- . Painful empty retching. W. Warren.
- . A dog. Violent puking for one hour, appeared to excite extreme nausea. Experiment 1. Schultz.
- . A dog. Puking with less vomiting (than from juice of leaves), other symptoms less violent. Greater diuretic and cathartic effects. Experiment 2. Schultz.
- . Vomiting. 13.
- 440. Vomiting every fifteen or twenty minutes. Bæhrenburg.
- . Violent vomiting at intervals of ten or fifteen minutes. W. Warren.
- . (Violent vomiting of clotted blood and slime, with retching, intense pain, and desire for death to relieve. W. L. G.)
- . Obstinate vomiting, vertigo, coldness of the limbs and pulselessness; a boy, three years old, two hours after eating of the boiled root, death occurred six hours later. N. N.
- . Vomiting, increases pain in forehead. 113.
- 445. \*Vomiting, in diphtheria. 378.

- . Nausea, relieved by vomiting.
- . Vomiting of undigested food. W. Warren.
- . Vomiting of an acrid substance, which causes a feeling of scraping and excoriation in the throat. W. Warren.
- . Vomiting of ailment followed by a dark bilious substance, coming away with little effort. Bæhrenburg.
- 450. (Violent cramps, vomiting, coldness and diarrhœa, with most intense distress of the stomach; a. half h. W. L. G.)
  - . Frequent vomiting, prostration, sometimes fainting, even convulsions, followed slowly by gripes, cramps, vomiting of dark bilious substance, and increasing in frequency. Hom. World, Vol. 6, p. 120.
  - . The vomiting is said not to be attended with much pain or spasm, but narcotic effects have been observed, such as drowsiness, vertigo and dimness of vision. U. S. Disp.
  - . A dog. Vomited, became melancholy, after a little while he vomited again and coughed; the vomituration or rather a kind of convulsive cough continued until ten o'clock in the evening; the next day still some cough. Heilbefeld Exper. Circa Venana. Gætt. 1760, p. 41.
  - . A dog. Vomiting profusely after eating, four times, with cough, and frequent urination. The seed in water. Heilbefeld.
- 455. Two scruples of the finely powdered leaves produced vomiting an hour after taking it; three, several times at short intervals with less straining and disagreeable sensation than I ever experienced from taking Tartar emetic or Ipecacuanha. I felt somewhat drowsy afterwards. Cooper.
  - . \*Vomiting, without relief. 644.
  - . The root is preferred to the powdered leaves as an emetic, because it is more powerful and a less dose will answer the purpose. (Schultz.)
  - . A vinous tincture of the dried root frequently operates very kindly as an emetic; hardly altering the taste of the wine. Farriers give a decoction of the roots to drench cattle and\* apply them in the form of poultice for discussing tumors. (Butler.) Cutler.
  - . *Phytolacca* approaches nearer to Ipecacuanha than any American vegetable I have hitherto examined: and when properly prepared, it operates in the same doses and with the same certainty as the South-American emetic. Bigelow.
- 460. Poke is emetic, purgative, and somewhat narcotic. (U. S. Disp.) Emetic and cathartic, without spasms. Rafinesque. 1825.
  - . A dog. Operated more violently as an emetic and cathartic, and occasioned much more stupidity. Exper. 3. Schultz.
  - . After vomiting, severe purging. C. H. Lee.
  - . Violent vomiting and purging. Bigelow.
  - . Vomiting and purging. Bæhrenburg.

465. Excessive vomiting and purging, attended with great prostration of strength, and sometimes with convulsions. Wood's Dispens. 1845.
- . Vomiting and purging all the afternoon, with considerable griping pain and cramps in the abdomen. Bæhrenburg.
  - . In overdoses it produces excessive vomiting and purging, attended with great prostration of strength and sometimes with convulsions. U. S. Disp.
  - . Emetico-catharsis with loss of muscular power. King's Disp. 1864.
  - . Vomiting and purging have been caused by it. Bigelow.
470. "A family near Reading accidentally used the root instead of horse-radish. The consequence was immediate vomiting and purging, which continued violently for several hours. The master of the family was thrown into convulsions; all their countenances were very pale and their frames greatly debilitated; however, the succeeding day they were all restored and not the least of its effects were perceptible." Dr. Griffith.
- . As an emetic it is very slow in its operation, and continues to act for a long time upon both the stomach and bowels. U. S. Disp.
  - . —
  - . Vomiting ceased after black coffee, but purging continued. Bæhrenburg.
  - . Strong coffee was vomited up without relieving. W. Warren.

*Scrobiculum and Stomach.*

475. Bruised and sore feeling at the pit of the stomach. W. Warren.
- . Tenderness to the touch of the pit of the stomach. Rhees.
  - . Spasms of stomach and diaphragm. 821.
  - . Derangement of digestive organs with sore throat. 366.
  - . Regurgitation of food, through the evening and until going to sleep. H. B. Fellows.
480. Bilious. W. Warren.
- . General disturbed feeling in the stomach, with dulness in the head: increased for one hour. Went home to tea; felt better immediately upon going into the open air. Sat down to tea: unpleasant feeling in the head and stomach returned, could eat nothing. at 5.30 P. M. W. M. Wmson.
  - . Feeling of weakness at the stomach, which caused frequent yawning, that was attended by a stitching pain through the part. (Observed on a patient.) H. B. Fellows.
  - . Heat in the stomach, after taking the drug: 3d d. A. V. Marshall.
  - . Burning sensation in the stomach, with tenderness of the bowels and a peculiar heat in the rectum, followed by tenesmus and mucous and bloody discharges; hemorrhoids, sometimes dysentery. Paine. "Concentrated Medicines," 1865.



485. Stomach as if pinched together. C. H. Lee.  
 . Cutting in the pit of the stomach and in the abdomen. Bauer.  
 . (Cutting, tearing, straining pains in the stomach, followed by soreness to pressure. W. L. G.)  
 . Violent pressure in the stomach on waking in the morning, with accumulation of water in the mouth; disappears after rising; the same next morning. Bauer.  
 . In region of stomach, pressure. 13.  
 490. Severe pain in the stomach, on pressure, causing him to cry out. C. H. Lee. Pain in stomach.  
 . Pain in the region of the pylorus. Jeanes.  
 . An aching pain in the region of the pylorus, which gradually worked up into the chest on the same side while riding. H. B. Fellows.  
 . It generally commenced its operation on the stomach (with but little previous nausea) in an hour, and rarely continued longer than four hours. Hayward.

*Liver, Spleen and Hypochondria.*

- . Increase of bile, with menorrhagia. 634.  
 495. Digging pain in the right hypochondrium, in the upper and outer portion of the liver, preventing motion, at two o'clock in the afternoon and every morning before daylight for ten days afterwards, some soreness remaining through the afternoon and evening. Wmson.  
 . \*In right hypochondrium a sore spot, not larger than a dollar, extremely sensitive to the touch. 644.  
 . Cannot lie on the right side after midnight on account of penetrating pain in the right hypochondrium. Wmson.  
 . Violent dull pressing pain in the spleen in the evening, so that he cannot remain in the sitting posture—he lies on the painful side all night, and the pain is gone the next morning. Bauer.

*Abdomen, Loins and Groins.*

- . Griping. 431.  
 500. Griping and cramps in abdomen. 466.  
 . (Griping pain in the abdomen, as before and diarrhœa. W. L. G.)  
 . Griping pain like that before a diarrhœa. Bauer.  
 . Griping pain, followed by stool. 567.  
 . Griping all day long followed by the passage of offensive flatus. The griping disappears in the night. Bauer.  
 505. Cutting in the abdomen. Bauer. 486.  
 . Pains moving about in the abdomen. 567.  
 . Sickly feeling in the bowels. 572.  
 . Sensation in the bowels as if diarrhœa would follow. Bauer.  
 . Rumbling noise in the bowels. Bauer.  
 510. A dog. Abdomen much distended. Exper. 1. Schultz.

- . Pain in the region of the transverse colon; a. 15 h. Cooley.
- . Boring pain in the afternoon to the left and a little above the umbilicus, continuing but a few minutes. Wmson.
- . In umbilical region severe pain. \*386.
- . In umbilical region burning, griping pains. 431.
- 515. Tenderness of the bowels. 484.
- . Better in the morning, but great weakness especially in the abdomen; little or no appetite for several days, during which time the diarrhœa continued. Bæhrenburg.
- . \*Chronic inflammation of the bowels, of five years standing. Tincture; a few drops in water, a teaspoonful every two hours. N. N. Hale's New Rem.
- . Specific for ulceration of the mucus membrane of the upper part of the alimentary tract. (Poyr, A. H. Z., 80, p. 90.)
- . \*Ulceration, enteritis, dysentery and piles. Hom. World, Vol. 6, p. 120.
- 520. \*Extending to abdominal muscles, rheumatism. 756.
- . \*Violent pains in the abdomen during menstruation, in a barren female. Jeanes.
- . (Bearing down pains. W. L. G.)
- . \*In lower part of abdomen, bearing down feeling. 101.
- . Pain in the loins, with slight suppression of urine; a. 3 h. Cooley.
- 525. Deep-seated, but not severe pain in the left iliac region. Wmson.
- . Neuralgic pain in the left groin. Kitchen.

### *Flatus, Rectum and Stool.*

- . Abundant flatus. N. N.
- . Frequent passage of wind downwards. Bauer.
- . Passage of offensive flatus after griping pain. 504.
- 530. Heat in the rectum. 484.
- . In the middle of the night, neuralgic pain shooting from the anus and the lower part of the rectum along the perineum to the middle of the penis, followed in a few minutes by a neuralgic pain in the right big toe. Kitchen.
- . \*Ulceration of the rectum. *Phytolacca*, half grain doses. Fissure of rectum, prolapsus ani and hemorrhoids, enteritis and dysentery. Paine (Eclectic).
- . \*Piles. 519.
- . Hemorrhoids. 484.
- 535. \*Mucous hemorrhoids. General mucous dyscrasia with constipation of the bowels and weakness of legs and stomach. 2d dil. Neidhard.
- . Bleeding piles.
- . A strong infusion of the leaves or roots has been recommended in piles.
- . A strong infusion of the leaves of *Phytolacca* has been directed to be given internally, and if that does not speedily relieve, the

same infusion should be injected into the rectum for hemorrhoid. This method will in general effect a perfect cure. Cox's Amer. Disp.

. Bowels costive. M. Macfarlan.

540. \*Constipation. 535.

. Bowels are more constipated. H. B. Fellows.

. Constipation in aged patients, or those of very weak heart's action, intermittent pulse, and generally relaxed muscular frame. Bayes' Hom. World, Vol. 6, p. 121.

. \*Constipation of long standing. Wmson.

. \*In using *Phytolacca* for a case of sore throat, it corrected a chronic constipation. Has been verified in other cases. O. B. Gause. Hah. Monthly, Vol. 6, p. 452.

545. Hard stools. Bauer.

. Cathartic effects. 438.

. Purging, 464, 466; with coryza, 207; after vomiting, 462; and vomiting 463, 470.

. Acid, purgative. Rafinesque. 1825.

. Two spoonfuls of the juice of the root will work strongly as a purge. Parkinson.

550. Two ounces of the juice of the root cause violent purging. Miller, (Dictionnaire.)

. Two foreigners ate some of the root on account of its sweet taste, and were purged violently; and so much debilitated that they were not able to walk about. After taking milk and common salt they were well the next day. Schultz.

. The root, leaves and unripe berries if taken inwardly, cause violent purging and vomiting. Externally applied they have an irritating even corroding influence. Barton, Bigelow, Hayward.

. The young leaves are boiled and eaten with impunity; the largest and riper leaves, however, cause violent and dangerous purging. The ripe berries are also harmless. Kalm. Resa til Norra America, II. 316.

. Dogs are very fond of the root, but it purges them. Schultz.

555. The juice of the berries is alterative. Rafinesque.

. The leaves purge violently. Bigelow.

. The leaves and stalks if gathered when they are too old, boiled and eaten, produce a violent cathartic effect. Kalm.

. A decoction of the leaves operated gently by stool. Cooper.

. The old leaves are acid and purgative. Rafinesque.

560. Many birds are observed to be purged by eating the berries. Schultz.

. Whole families are excessively purged merely by eating the flesh of birds, which have fed upon the berries. Schultz.

. A continual inclination to go to school. Bauer.

. (Continual inclination to go to school, with much straining. W. L. G.)

- . Sensation as if diarrhœa would set in. 501.
- 565. Usual full and satisfactory stool at 9.30 A. M. W. M. Williamson.
- . A third natural stool; very unusual at 7 P. M. W. M. Williamson.
- . Three stools during the day; the first is hard and preceded by griping, and the others with pains moving about in the abdomen, two days in succession. Bauer.
- . Bowels move every two hours. 386.
- . Mushy stool. Bauer.
- 570. Stools thin dark brown. C. H. Lee.
- . Diarrhœa. 516.
- . Diarrhœa attended with a sickly feeling in the bowels, but no tormina or tenesmus. Williamson.
- . (Diarrhœa with sickly feeling in the bowels. W. L. G.)
- . Diarrhœa coming on at one or two o'clock in the morning and lasting until after breakfast; the dejections were very abundant and did not cease until they became almost watery. N. N.
- 575. Diarrhœa, after lemonade. 13.
- . The diarrhœa is evidently kept up by the increased action of the liver and consequent redundancy of bile. Wmson.
- . Copious discharges of bile from the bowels. Williamson.
- . Painless passages. 402.
- . \*Dysentery. 484, 519.
- 580. Mucous and bloody stools. 484.
- . (Copious discharges of blood, mucus, and what looked like scrapings of the inner surface of the intestines. W. L. G.)
- . Tenesmus. 484.
- . (Involuntary stools, from straining, which continued even in sleep. W. L. G.)
- . Bowels which had been loose became more regular while taking it. H. B. Fellows.
- 585. On bowels longlasting action. 471.

### *Kidneys, Bladder and Urine.*

- . Weakness, dull pain and soreness in the region of the kidneys, most on the right side and connected with heat; uneasiness down the ureters; a chalk-like sediment in the urine, lasting six or seven days. Communicated by Dr. Hering.
- . —
- . (Weakness, pain and soreness in the region of the kidneys. W. L. G.)
- . Pains across the kidneys. M. Macfarlan.
- 590. Albuminuria? Bayes.
- . \*Albuminuria. Chills at night without special fever. A form of insanity during the progress of this case. H. N. Martin. Trans. Hom. Med. Soc., 1871.
- . \*Pain in the region of the bladder before and during urination. W.
- . Pain in the region of the bladder, dark red urine which stains the



- vessel, and is hard to get off, urine excessive in quantity, decidedly albuminous, with greatly increased specific gravity. Hom. World, Vol. 6, p. 120.
- . Frequent urination. 454.
  - 595. \*Urgent desire to pass water. W.
  - . (Straining to pass water. W. L. G.)
  - . \*Painful inclination to pass urine. 644.
  - . Urine double in quantity, and clear as water, the last two days. A. V. Marshall.
  - . Increase of urine, with menorrhagia. 634.
  - 600. Urine excessive in quantity. 593.
  - . A dog voided great quantities of urine during the night, the seed in water. Hillefeld.
  - . \*Urine scanty. 1152.
  - . Slight suppression of urine. 524.
  - . Retention of urine for ten hours. A. W. Griggs.
  - 605. Urine dark red, stains the vessel. 593.
  - . \*Dark red urine which stains the chamber of a mahogany color, and is very hard to get off. Wmson.
  - . Urine red and muddy. M. Macfarlan.
  - . \*Urine the color of coffee, stains cloths yellow. 644.
  - . Urinary sediment adheres to vessel. 593.
  - 610. A chalk-like sediment, in urine.
  - . \*Urine albuminous. 593.
  - . The food of horses affected with the disease called "yellow water," was sprinkled with a decoction of the roots of *Phytolacca*; it was thought with benefit. Schultz.
  - . Diuretic effects, a dog. 438.

### ***Male Sexual Parts and Syphilis.***

- . To the middle of the penis shooting from the anus. 531.
- 615. Hard grinding pains shooting up both spermatic cords in the morning. 4th d. A. V. Marshall.
- . Continual soreness of the spermatic cords, instead of the paroxysmal pains on the preceding days. 5th d. A. V. Marshall.
- . A sharp pain running up each spermatic cord, at noon. 3d d. A. V. Marshall.
- . A gurgling sensation in the prostate gland, repeated in the afternoon. Bauer.
- . \*Orchitis. Hale's New Rem.
- 620. \*Gonorrhœa and gleet. Hale's New Rem.
- . \*Impotence. Hom. World, Vol. 6, p. 120.
- . \*Syphilitic disorders. Hom. World, Vol. 6, p. 120.
- . Syphilis. 1167.
- . Syphilis. Chancres, ulcerated throat, and peculiar eruptions on the chin. Hale's New Rem.
- 625. Syphilis. Sore throat: ulcers on the genitals: severe pains in the

arms and legs, from the elbows and knees down to the fingers and toes, with oedematous swelling of the affected parts; pain aggravated by motion and contact; feet and legs covered with pale red spots about the size of a dime; more scattered on the arms face and neck; previous use of mercury. Raue's Pathol. and Therap.

- . A man who had syphilis a year before, complained of pain in the arms, and always about midway between articulations, especially about the attachment of the deltoid; has suffered about a month; does not think he caught cold; can assign no reason for the difficulty. Pain is not severe, but of a dull aching character aggravated at night. 20 drops, three times per day. A. R. Smart. Hale's New Rem.

Secondary syphilis. Ulcers on the arm and leg from one-half of an inch to three inches in size, irregular in shape, with ragged edges, and the surface studded with minute granulations which bled readily. The ankles and knees were swelled and inflamed, the skin over the swelling glistening and exceedingly sensitive to the touch. The tongue clear, bowels regular, urine turbid, with an excess of uric acid, pulse 95, little appetite, and very restless at night, but quiet, though feverish during the day. Gave *Rhus tox.* 6th, and *Bellad* 12th, one drop dose every two hours for two days. Slept well; the pains in knees and ankles much less. Gave now *Phytolacca* two drops every two hours. Externally *Phytolacca* dissolved in diluted glycerine. After two weeks the ulcers had diminished two-thirds in size and were covered with a healthy granulation. In five weeks the ulcers were healed and general health was good. C. E. Blumenthal's Medical Union, Vol. 1, No. 2.

- . Swellings of the testicles, secondary syphilis.
  - . This plant may be relied on as an effectual remedy for syphilis in its various stages, even without the aid of mercury. Drs. Jones and Kollock of Savannah, Ga.
  - . The Cherokee Indians dress venereal chancre with the powder of the dried root, with doubtful success however. Schultz.
630. In those rheumatic affections which sometimes occur to syphilitic patients, the virtues of the poke far exceed those of opium. Schultz.

### *Catamenia and Leucorrhœa.*

- . \*Worse before catamenia, backache. 101.
  - . \*Menstruation too copious and too frequent. Wmson.
  - . \*Menorrhagia. Hom. World Vol. 6, p. 120.
  - . Menorrhagia. Menses too often and profuse, with increase of tears, saliva, bile and urine. Guernsey.
635. \*Menorrhagia. Aged 45 years, 3d; three times daily. Cured in one week. Jeanes. (Involuntary straining and hemorrhage per vagina. W. L. G.)

- . \*Leucorrhœa. Wmson.
- . Given in a case of chlorosis where the whites had been cured by *Pulsatilla*, it brought the whites on again. C. Hg.
- . \*Painful menstruation. Wmson.
- . \*During menstruation violent pains in the abdomen. 521.
- 640. \*Dysmenorrhœa. Hom. World Vol. 6, p. 120.
- . Very painful menstruation in apparently barren females. Guernsey.
- . \*Most violent pains with catamenia, failed to conceive. Jeanes.
- . Painful menstruation. Violent pains in the abdomen during menstruation, in a barren female. Trans. Amer. Inst. Hom.
- . \*A lady who had suffered from dysmenorrhœa and costiveness from the time menstruation commenced for several years past had been subject to attacks of colic with the following symptoms: the spells were preceded by a sense of weakness, then oppression, with the inclination to take a deep breath, which was soon followed by a sore spot, in the beginning not larger than a dollar, in the right hypochondrium, extremely sensitive to the touch. The sore spot enlarged and became very painful, with the sensation of constriction or choking in the part as if from flatus which gave rise to violent efforts to eructate in order to get rid of the offending load. The effort frequently ended in vomiting which however gave no relief. Under old school treatment she had taken castor oil, but opening the bowels did no good. The suffering was slightly mitigated by sitting up in bed and leaning forwards. She could lie in no position except on the stomach, and when the pain got easier she would fall asleep in that position. The attack was sometimes attended with painful inclination to pass urine, which was the color of coffee, and stained her clothes yellow; disagreeable taste in the mouth, as soon as the pain moved a little downwards (it always went downwards when getting better) from the place first affected, she was relieved.
- . The attack generally commenced about an hour and a half after dinner, sometimes about an hour and a half after supper, never at any other time. *Phytolacca* 3d, cent. dil. night and morning for a week after an attack, prevented its return and removed the constipation and dysmenorrhœa entirely. Wmson.
- 645. (The uterine pains return at intervals for two days. W. L. G.)
- . (Could feel the uterus contract under the hand. W. L. G.)
- . \*At menstrual period painfulness in mammae. 650.
- . \*Worse during menstruation, tumor of breast. 662.

### *Pregnancy, and Mammary Glands.*

- . (The woman was in her seventh month of pregnancy, and came near having a miscarriage. W. L. G.)
- 650. Irritable mammae with painfulness at the menstrual period. Hale. B. Jour. April, 1863, p. 205.
- . Redness of mammae. 656.



- . Mastitis. Hale. Am. Obs. 7. 504.
- . \*Inflammation, swelling and suppuration of the breasts. Jeanes.
- . \*The breast long, pendulous, distorted; several large fistulous ulcers, discharging a watery, foetid ichorous pus; hard painful nodosities of the size of a walnut and larger: 10 drops of 1 d. four times a day. A lotion for syringeing. Hale. B. Jour. April, 1863, p. 202.
- 655. \*About four days after delivery a severe chill, followed by some fever; in a few hours both mammae hard, swollen, and painful; nipples very sensitive. 10 drops of 1st dec. d. every hour. A lotion externally. Hale. B. Jour. April, 1863, p. 202.
- . \*Mastitis. Redness, tenderness, hardness, accuminated appearance, chills, and every appearance of suppuration. (Sanford. N. E. Med. Gaz. 1869, vol. 4, p. 175.) Raue's Record 1870, p. 259.
- . \*Inflammation of the mammae; pus formed, was lanced. Fistulous openings downwards and backwards, four inches in extent. Emaciated, cold hands and feet, and tremblings; could walk only with assistance. The 3d in water three times a day. Injections of tincture (1 dr. to 3 drs. of water) night and morning, for four weeks. Has had two confinements since without any trouble with her breasts. C. H. Carpenter. Hom. World, Vol. 4, p. 260.
- . Mastitis. Sore and fissured nipples, with intense suffering when putting the child to the breast; the pain seems to start from the nipple and irradiate all over the body, going to the backbone, and streaking up and down, with excessive flow of milk, causing great exhaustion; a few days after confinement sudden chill followed by some fever and a painful engorgement and swelling of the mammae; the drawing of milk is impossible. In ordinary *caked breasts* it is called specific. Badly treated "gathered breasts" with large fistulous gaping and angry ulcers, filled with unhealthy granulations and discharging a watery, fetid, ichorous pus; the gland is full of hard painful nodosities. Raue's Pathol. and Therap.
- . Mastitis. Particularly where the hardness is very apparent from the first. Sensitive, and more or less painful; even after suppuration has taken place these characteristics continue. Guernsey's Obstetrics.
- 660. \*Hardness of mammae. 656.
- . \*Breast hard as a stone, after weaning. Eadon (England) Hale's New Rem.
- . \*Irritable *tumor* of the breast of several years standing. Very sensitive and painful, especially at the menstrual periods; the pain extended down the arm of the affected side, and at times caused a sympathetic enlargement of a gland in the axilla. (Bellad., Conium., Phosphor. and Iodine, given without result.) Cured by an old woman with a plaster of the inspissated juice of the berries. Hale. B. Jour. April, 1863, p. 204.



- . \*Mrs. — age 22 years, second child, delicate nervous temperament; second day after confinement excessive flow of milk, nipples so sensitive that when she put the child to the breast, it produced intense suffering, seeming, as she said, to start from the nipples and radiate over the whole body, going to the back bone and streaking up and down it, causing unbearable pain. The profuse discharge was causing great exhaustion, and she was becoming feverish and restless and unable to nurse (*Bellad.* and *Calcaria*, 3d no effect) nipples excoriated and fissured. *Phytolacca* 1st dec. in water every hour, and lotion. C. H. Mann. Hale's New Rem.
- . A decoction of the green root is in general use among dairymen for cows if the milk be scanty, thick, watery, curdy (flocculent) or contains blood or pus, or becomes in any way unnatural. Hale.
- 665. \*Enormously swollen udder, hard as a stone, intensely hot, painful and sensitive, and not a particle of milk could be drawn. (A cow.) Poke root cut finely and given in bran mash. Hale. B. Jour. April, 1863, p. 202.
- . Enlarged mammary gland with fistulous opening of five years standing. C. H. Carpenter. Hom. World, Vol. 4, p. 260.
- . \*Fistulous opening in mammae. 666.
- . Inflammation of the mammae, simple engorgement; cracked and excoriated nipples, "caked breasts" "broken breasts," fistulous ulcers and unhealthy granulations with fetid discharge. Hom. World, Vol. 6, p. 121.
- . \*Caked breasts. Eadon (England). Hale's New Rem.
- 670. \*Nipples cracked and excoriated. 668.
- . Ulcers on the mammae. 1231.

### *Larynx, Trachea and Bronchia.*

- . In larynx fulness. 299. 300.
- . At times hoarseness, but not continual; 4th d. A. V. Marshall.
- . Hoarseness and aphonia. Hom. World, Vol. 6, p. 120.
- . —
- . \*Aphonia in consequence of a common cold. Ussher.
- . Dryness of the larynx, sensation as if the trachea was strongly grasped; worse in the evening; first day. A. V. Marshall.
- . Dryness of trachea; 3d d. A. V. Marshall.
- . Feeling of dryness in lower part of the trachea and large bronchi; 2d d. A. V. Marshall.
- 680. Sensation of a lid, in upper part of larynx. 300.
- . Tickling in the left side of the larynx with hacking cough and aching pain in right side of the breast, and great dryness of the throat. Jeanes.
- . \*Laryngismus stridulus. Frequent spasmodic closure of the larynx; drawing of the thumbs into the palm; flexion of the toes; distortion of the face; muscles of the eyes affected so that the

- motions of one eye were independent of the other. Knapp. Amer. Jour. Hom. Vol. 6, No. 3, p. 141.
- . She had burning pain in trachea and larynx, with a sensation of contraction of the glottis (not a lump in), labored breathing. Hoarse, dry cough, burning pain in throat. She called it croup, and had taken *Aconit. Bellad. Mercur., Hepar, Spongia*, etc. with no effect. Worse at night. The direction of the pains was upward. *Phytolacca* 3d d. The cough became moist in twelve hours, and the attack ended with copious expectoration of yellowish mucus. Walter D. Stilman, Med. Investig., Vol. 9, p. 542.
  - . \*Panting for breath. 380.
  - . Difficult breathing. J. Lester Keep.
  - 690. Respiration difficult and oppressed. A. W. Griggs.
  - . Respiration difficult and oppressed. 953.
  - . Suffocating feeling. 725.
  - . \*Dyspnœa, in diphtheria. 378.
  - . Cannot breathe through nostrils. 212.
  - 695. Forced to breathe through the mouth, on account of obstruction of the nose. 211.
  - . On taking a long breath, pain from the region of the right nipple through to the back. 733.
  - . During expiration feeling of lameness. 734
  - . Feeling as though he was breathing through an open sponge; a 4 h. Cooley.
  - . Mucous rale distinct and audible any where in the room. A. W. Griggs.

### **Cough.**

- 700. Cough. 454.
- . Hacking cough, with tickling in larynx. 681.
- . Hacking cough and aching pain in the right side of the breast. Jeames.
- . \*Harassing, hawking cough, after every cold. 327.
- . \*Paroxysmal distressing cough with pharyngitis. 324.
- 705. Very dry cough; 2d d. A. V. Marshall.
- . Cough dry, with but little expectoration; 4th d. A. V. Marshall.
- . Dry bronchial cough, with the sensation of roughness and slight increase of heat in the trachea and bronchia. Wmson.
- . Dry cough, without relief; 3d d. A. V. Marshall.
- . Convulsive cough. 453.
- 710. Cough disturbing sleep. 975.
- . A dog. Very troublesome cough. 1st Exper. Juice of leaves. Schultz.
- . A dog. Violent coughing, trembling and convulsive motions, immediately after several drops of the juice of the berries. Sprœgel. Dissert. Circa. Venena. p. 557.

- . With animals it causes cough, trembling, and convulsions. Hahnemann.
- . A dog. In the slightest fit of coughing, an enormous quantity of vapor was always thrown from the lungs; more so than ever observed in these animals during the severest exercise. 1st exper. Juice of leaves. Schultz.
- 715. A dog. Cough and dulness lasted for some time. 1st exper. Juice of leaves. Schultz.
- . Incessant cough, with the sensation of an ulcerated spot in the wind-pipe just above the breast-bone. Hom. World. Vol. 6, p. 120.
- . Cough from dryness in pharynx towards morning. 314.
- . Cough caused by dryness in pharynx. 313.
- . Hard cough occasioned by scraping and itching in the throat. W. Warren.
- 720. \*Cough with pain in chest and side. 731.
- . \*Expectoration of thick starch like mucus; profuse and exhausting, with pharyngites. 324.
- . Cough with expectoration of a tough mucus; a. 2 h. Cooley.
- . Almost constant expectoration of tough mucus; a. 4 h. Cooley.

### *Inner Chest.*

- . The whole chest feels like a big empty cask; as if its calibre were enlarged ten-fold; with pharyngites. 324.
- 725. Pains and suffocating feeling in the throat and lungs; a. 2 h. Cooley.
- . Pain in the left lung; a. 3 h. Cooley.
- . Severe pain in the right lung; a. 4 h. Cooley.
- . Pain in the lungs; a. 15 h. Cooley.
- . Pains in the chest. 201.
- 730. \*Stitch from the right chest to the back. 733.
- . \*Pains in chest and side similar to 492 with some cough. H. B. Fellows.
- . Pain in the right side of the chest so bad after midnight as to prevent sleep, aggravated by lying on the right side; after getting up in the morning it passed off almost entirely. E. M. Smith.
- . Pain in the right side of the chest about the region of the nipple, passing through to the back, felt on taking a long breath and on bending the shoulder backwards, better in the afternoon. E. M. Smith.
- . Awoke in the night with a lameness in the left side, near the cardiac region, with much nervous restlessness; could not get to sleep again for a long while. The lameness was felt when moving, but more particularly during expiration. (The pains through the chest appeared occasionally for some months after I took the last dose.) H. B. Fellows.

735. Lameness in the left side of the chest and shoulder. H. B. Fellows.

**Pulse and Heart.**

- . Pulse 84 (normal 80) 2d day, and remained so during proving. A. V. Marshall.
- . Pulse over 100. J. Lester Keep.
- . Pulse 110. \*382; 118. \*377; 120. \*376, \*384, \*389, 127; but soft. \*386; 128. \*387, 388; 130. \*385; 140. \*381; \*Pulse very soft. 389.
- 740. Pulse 110, full, but soft; a. 1 day. Cooley.
  - . \*Fever and high pulse, with diptheria. 378.
  - . Pulse hard and full; a. 15 h. Cooley.
  - . Pulse 85 beats per minute, soft and unresisting. A. W. Griggs.
  - . \*Pulse weak and soft. 385.
- 745. Pulse very low. Bæhrenburg.
  - . \*Pulselessness. 443.
  - . Intermittent pulse. 542.
  - . Weak heart's action, with constipation. 542.
  - . Occasional shocks of pain in the region of the heart, and as soon as the pain in the heart ceases, a similar pain appears in the right arm. Kummer.
- 750. Fatty degeneration of the heart. Bayes Hom. World. Vol. 6, p. 121.
  - . Constrictive feeling at præcordia with pressure on the temples. Kitchen.
  - . Angina pectoris, pain going down the right arm.

**Outer Chest.**

- . \*In a baby of a few months old, restlessness at night; development of a hard tender swelling about midway between the nipple and the sternum, but nearer the latter than the former. *Phytolacca*, 6th dil. B. Jour., April, 1865, p. 258.
- . \*Intercostal rheumatism. Hale.
- 755. —
  - . \*Rheumatism of the lower inter-costal, extending to the abdominal and lumbar muscles, from exposure to cold and dampness. Kimball.
  - . Tenderness of the muscles of the chest, as if they were bruised. Rhees.
  - . \*From the right chest to the back, stitch. 730.

**Neck, Shoulderblades and Back.**

- . Pain in the back of the neck running down the spinal column; a 18h. Cooley.
- 760. \*Stiff neck. Hale. \*388.



- . Stiffness in the right side of the neck, worse in bed after mid-night. E. M. Smith.
- . Hardness of a gland on the right side of the neck. Bauer.
- . Awoke in the morning with stiffness about the neck; tonsils sore and somewhat swollen; profuse secretion of saliva, dryness in the trachea; dry cough; 2d day. A. V. Marshall.
- . On neck pale red spots, in syphilis. 625.
- 765. (On shoulder-blades sensation of weight and pressure.) 1117.
- . A sensation of weight and pressure on both shoulder-blades, like after carrying a heavy load, lasting for several days. Bauer.
- . A lasting pain on the left shoulder-blade as if from a blow. Bauer.
- . Towards evening, while riding, a laming pain began in the left side of the back, below the shoulder-blade. H. B. Fellows.
- . Below left shoulder-blade laming pain. 768.
- 770. An occasional sensation as if a small piece of cold iron was pressed on the painful shoulder-blade. Bauer.
- . \*Backache. 379, \*383, \*384, \*385 \*387, \*389.
- . Backache, with diphtheria. 375.
- . \*Backache, across lower part of back. 101.
- . Pain in the region of the spine of a pricking stitching character; at 9 $\frac{1}{2}$  P. M. H. B. Fellows.
- 775. \*Pain streaking up and down back-bone. 663.
- . (Intense gripping pain in small of the back. W. L. G.)
- . Pain in the left lumbar region, followed immediately by itching. Jeanes.
- . \*Extending to lumbar muscles, rheumatism. 756. Persistent unremitting aching pain in lumbar region day and night, (no position giving relief) accompanied with severe sore throat with numerous white ulcerated points on both tonsils:—thickly coated tongue and bad odor from the mouth, in a young man. All these symptoms rapidly and permanently cured by *Phytolacca*, after other remedies failed. C. Carleton Smith, M. D.
- . Lumbago. Hale.
- 780. \*After confinement aching pain in the sacrum, very suddenly down the limbs to knees like in the bone, passing down gradually to ankle and then returning again to sacrum, jerking pain in different parts of the body; 2. Neidhard.
- . Spinal irritation. Hale.

### *Upper Limbs.*

- . A painful boil on the left side of the back. Bauer.
- . \*Shooting pain in the right shoulder-joint with stiffness and inability to raise the arm. Before the rheumatism commenced the right shoulder had been dislocated and set; 3 in water. Neidhard.
- . Dull aching pain and tenderness along the top of the right

- shoulder, along the superior edge of the trapezius muscle, increased by pressing upon the part and by contracting the muscle. Rhees.
785. Pain throughout the muscles of the left shoulder. Jeanes.
- . Left shoulder ached for some time about noon. H. B. Fellows.
  - . On bending the shoulders, pain from right nipple through to back. 733.
  - . Pain at the humoral insertion of the left deltoid muscle. Jeanes.
  - . Slight drawing pains in the right upper arm. Bauer.
790. Weakness and aching in the bone of the right arm, above the elbow, aggravated by motion and exertion. Neidhard.
- . Dull aching pain and excessive tenderness as if from a bruise, in the muscles of the outside of the right upper arm, most severe from about two inches above the elbow; felt particularly when the part is touched and pressed upon, and when extending the arm. Rhees.
  - . Twitching and fluttering of the muscles of the right upper-arm, while it is resting on a table. Rhees.
  - . Tenderness in the outside of the left arm just above the elbow, when pressing upon it, and when extending the arm. Rhees.
  - . \*Pain in arms, midway between articulations, especially about attachment of deltoid muscles. 626.
795. In the right fore-arm, rheumatic drawing. Bauer.
- . Rheumatic drawing in the left fore-arm, along the ulna, and the same sensation in the right leg. Bauer.
  - . The fore-arms ached after going to bed, the pain seems to be in the bones and is uninfluenced by position. H. B. Fellows
  - . From the elbows to fingers, pain. 625.
  - . Pains in the arms.
800. \*In the arms, rheumatic pains. 831.
- . \*Inability to raise the arm. 783.
  - . On arms pale red spots, in syphilis. 625.
  - . Drawing pain in the right hand, now and then by shocks, upwards to the elbow. Kummer.
  - . Rheumatic pain in the left hand, then in the right; on the following day pressing pain in the right side of the throat; a. 2 d. Kummer.
805. \*Hands tremble. 388.
- . Neuralgic pains in the palm of the right hand. Kitchen.
  - . Hands firmly shut. A. W. Griggs.
  - . Violent shooting pain in the fleshy part of the left thumb, lasting about half a minute. Kitchen.
  - . Lancinating pain in the little and ring fingers of the right hand (ulnar nerve.) Kitchen.
810. Rheumatic feeling in the little finger of the right hand, very annoying when writing. Bauer.

- . \*Joints of fingers swollen, painful, hard and shining.
- . In the end of the left thumb shooting like needles. Kummer.
- . Shooting in the finger-points, sometimes in one hand and sometimes in the other. Bauer.
- . Occasionally frequent sudden pricking in the points of the fingers as if from electric sparks. Bauer.
- 815. Whitlow, felon. Burt.
- . \*Extending down the arm, pain from tumor in breast. 662.
- . Sore ache from shoulders to hips. M. Macfarlan.

### *Lower Limbs.*

- . Neuralgic pain in the external part of the right thigh. Kitchen.
- . In the outer side of the thigh, neuralgic pain. 1080.
- 820. Great pains down the sides of the hip and thighs. M. Macfarlan.
- . \*Occasional spasms of the stomach and diaphragm for some years, for the last six months a severe pain in the hip-joint, mostly behind the trochanter major. The pains were sharp, cutting and drawing, and occurred from 4 to 5 o'clock in the morning, driving the patient immediately from his bed. On first rising, the leg was drawn up so that only the toe would reach the floor. Rubbing and heat would afford some slight relief, but energetic walking was the only means of rendering it endurable. After a few hours in the morning the severe pains passed off, and only a soreness and dull pain disturbed him till the next morning. The pains sometimes appeared in the middle of the tibia and fibula, and down the great toe. S. M. Cate, Boston Quarterly. Vol. 1, No. 4. Hale's N. Rem.
- . \*Severe pain in hip-joint, mostly behind the trochanter major. 821.
- . \*Left hip-joint, chronic rheumatism. 1152.
- \*Pains running from the hip down the limb. Lovejoy. Trans. P. Hom. Med. Soc., 1871.
- 825. Sciatica. 1154. Kitchen.
- . Rheumatic pain in the right knee in the afternoon, increasing in the open air and especially of a damp day. Wmson.
- . Rheumatic feeling in the left knee, with the sensation of shortening of the tendons behind the knee when walking. Bauer.
- . Heaviness in the knee-joints; tired from a little walk. Bauer.
- . Chronic inflammation of knee-joint. 1154.
- 830. Rheumatic drawing in the right leg, and in the left fore-arm along the ulna. Bauer.
- . \*Rheumatic pains below the knees and in the arms. Kummer.
- . Itching on the left leg on the calf, which afterwards appeared also on the right leg, and was accompanied in the latter part of the time, with a lichen-looking eruption. The itching lasted two or three weeks, and was always worse in the first part of the night, often hindering falling asleep until midnight. H. B. Fellows.



- . From the knees to toes, pain. 625.
- . \*Below the knees rheumatic pain.
- 835. \*Pain in middle of tibia and fibula. 821.
- . \*In tibia, pain. 1154.
- . \*Nightly pains in the periosteum of the tibia. Kendall.
- . \*Swollen feet. 1219.
- . \*In feet rheumatic pains.
- 840. \*Pain on the dorsum of the right foot at 4 o'clock in the morning.  
Wmson.
- . Stinging pain in the left instep, relieved by pressure. H. B. Fellows.
- . A striking pain in the ball of the left foot, which lasted about half an hour; at one o'clock P. M. H. B. Fellows.
- . Pains in a spot on the balls of the toes of the right foot, which had been frost-bitten years before, and in a corn never painful before. Bauer.
- . Neuralgic pain in the right big toe in the middle of the night. Kitchen.
- 845. \*Pain in great toe. 821.
- . The juice of the root applied to a corn, caused inflammation of the toe and blackness as if gangrene would set in. C. Hg.
- . —
- . \*Flexion of the toes. 682.
- . Feet extended and toes flexed. A. W. Griggs.
- 850. Coldness of the feet with increase of the capillary circulation about the face and head. Wmson.
- . Feet cold, with heat in face and head. 216.
- . Free sweating of the feet, most under the toes. Bauer.
- . \*Legs tremble. 388.
- . (Cramps in lower extremities, worse in the last part of the afternoon. W. L. G.)
- 855. \*Leg drawn up. 821.
- . \*On legs, nodes and ulcers. 1154.
- . \*Ulceration of lower limb, of long standing; by continual application of the tincture, the ulcers healed. Boils broke out in the neighborhood of the ulcerations, and subsequently disappeared, there being no further trouble with the case. J. B. Wood, Tr. Penn. Hom. Med. Soc., 1871.
- . \*Down the limbs to the knees and ankle and returning, aching pain. 780.
- . Heaviness in the lower extremities as if they were asleep, in the afternoon. Bauer.
- 860. Pains in the arms and legs, in syphilis. 625.

### *All the Limbs.*

- . \*Aching limbs. 376, \*383, \*384, \*385, \*387, \*389. Limbs pain. \*379.



- . Rheumatic symptoms in all the joints; a. 1 d. Cooley.
- . \*Pain in the joints with great heat had tormented him for weeks, first in the fingers of the left hand, then in other joints, then in the right side, changing locality continually: when it attacked one joint the pain increased for five or six hours to an unbearable height as if the joint was being chopped with an axe, then it decreased for 5, 6 hours, but before it had fully abated it began in another joint. Amelioration from midnight till morning. After the pain had left, the joint remained unmovable a long while. Various hom. remedies had been given without effect. The berries in beer relieved permanently. C. Hg.
- . Spasmodic jerkings of the arms and legs. C. H. Lee.
- 865. Sticking, stinging pains in various parts, but always in the extremities, and from without inward, and near the surface. H. B. Fellows.
- . The same symptoms, (rheumatic pains) in the hands and feet, sometimes in the arms and legs. Kummer.
- . Extremities stiff. A. W. Griggs.
- . Extremities cold. Bæhrenburg.
- . \*Cold hands and feet. 657.
- 870. (Great coldness, and a withered appearance of the extremities. W. L. G.)
- . (The extremities felt like the hands and feet of the dead. W. L. G.)

### **Motion.**

- . Motion, causes vertigo. 114.
- . Worse from motion, pain in head. 114.
- . All symptoms worse on motion and in the open air except the headache which was better in the open air. W. Warren.
- 875. Worse from motion, pain in right hypochondrium and hepatic region. 495.
- . Worse from motion and pressure, pain in the thigh. 1080.
- . \*Motion aggravates pain in limb. 1153.
- . Motion and exertion aggravates the bone pain in the right arm. 790.
- . When moving feeling of lameness. 734.
- 880. While riding, headache. 115; heaviness of the head. 94; obstruction of nose, not relieved by blowing. 211; fulness in throat and hawking. 354; obstruction of the mucus. \*206; sensation of plug in throat. 346; pain in pyloric region. 492; laming pain under left shoulder-blade. 768.
- . Better from riding in carriage, sensations in nose and throat. 191.
- . Pain increased by walking or riding. 888.
- . When walking about, feeling of intoxication. 38.
- . From walking headache. 109.

885. When walking, shortening sensation of the tendons behind the knee. 827.
- . \*Energetic walking relieves pain in limb. 821.
  - . \*Walking aggravates pain. 1219.
  - . Walking or riding increased the pain, but walking the most. H. B. Fellows.
  - . When stepping from a high step to the ground, pain in head. 87.
890. \*When standing and walking, backache. 101.
- . \*Cannot stand. 379.
  - . Cannot stand in the morning. M. Macfarlan.
  - . Stooping, increases the pain. 151.
  - . \*Cannot sit up, is faint and weak. 383.
895. \*Sitting up in bed and leaning forwards relieves. 644.
- . \*Cannot sit up. 385.
  - . Worse in sitting posture, pain in spleen. 498.
  - . All symptoms relieved by lying down, except the scraping and excoriation in the throat and expectoration of tenacious saliva. W. Warren.
  - . From lying on the right side pain in the chest worse. 732.
900. Cannot lie on the right side. 497.
- . Better from lying on painful side, pain in spleen. 498.
  - . \*Has to lie on stomach to relieve pain. 644.
  - . Abdominal position in bed. 971.
  - . On rising, feeling of intoxication. 38.
905. Better after rising, pressure in stomach. 488.
- . \*From rising up in bed fainting. 379.
  - . Rising up in bed causes faintness and dizziness. 375.
  - . \*On rising leg drawn up. 821.
  - . Worse from turning the head to the left, fulness in throat. 355.
910. When writing, fulness in throat. 355.
- . On reading or writing, sharp pain through the eye. M. Macfarlan.
  - . \*Unable to move the limb. 1166.

### **Weakness.**

- . Lassitude. 102.
  - . Feeling of lassitude and indisposition to move. W. Warren.
915. A feeling of general lassitude in the evening, existed since 12 o'clock. H. B. Fellows.
- . Feeling of discomfort and general weakness. 919.
  - . \*Weakness. 101.
  - . Feeling of weakness. W. Warren. 13.
  - . Feeling of general weakness and discomfort. N. N.
920. \*Weakness and oppression. 644.
- . \*Very weak. 385, 377.
  - . \*Great exhaustion. 633, 658.
  - . Prostration. 451.

- . \*Great prostration. 207, 371, 379, \*383, \*386, \*389.
- 925. Great constitutional debility; with pharyngites. 324.
  - . Great prostration, in diphtheria. 375.
  - . \*General and rapid prostration, in diphtheria. 378.
  - . Prostration of strength, after vomiting and purging. 465.
  - . Greatly debilitated. 470, 551.
- 930. Weakness, at stomach. 482.
  - . \*Debility.
  - . Loss of muscular power with vomiting and purging. 468.
  - . Weakness, in region of kidneys. 586.
  - . Weakness, in the bone of the right arm. 790.
- 935. \*Weakness, of legs and stomach. 535.
  - . Increasing muscular weakness. W. Warren.
  - . Weakness, in morning. 516.
  - . Fainting. 451.
  - . Fainting from rising up in bed. 379.
- 940. \*Faint and dizzy, from standing. 389.
  - . Spasmodic action. King's Dispens. 1864.
  - . \*Tremblings. \*388, 657, 712.
  - . Trembling of limbs. 13.
  - . Tremor and convulsive movements. A dog.
- 945. Convulsive motions. 433, 713.
  - . Convulsions. 451, 465, 467, 470.
  - . Convulsive action of the muscles of the face and neck. 953.
  - . Twitching and fluttering of the muscles of the right upper arm. 792.
  - . \*Drawing of the thumbs into the palm. 682.
- 950. (Hardness and rigidity of muscles in cramps.) 1163.
  - . Muscular rigidity and opisthotonus. A. W. Griggs.
  - . General muscular rigidity. 953.
  - . Tetanus. Extremities stiff; hands firmly shut; feet extended and toes flexed; eyes bleared and dancing; pupils contracted; teeth clenched; lips everted and firm; general muscular rigidity; opisthotonus; respiration difficult and oppressed; convulsive action of the muscles of the face and neck, followed by partial relaxation, which again was succeeded by the same tetanic condition. Raue's Pathol. and Therap.
  - . \*Paralysis, in diphtheria. 378.

### *Sleep.*

- 955. Yawning, with weakness at stomach. 482.
  - . Gaping. 110.
  - . Frequent gaping. Geist.
  - . Constant gaping. Kitchen.
  - . Drowsiness. Bauer. 452, 455. A dog. 432, 433.
- 960. Drowsiness and stupor after pain.

- . A dog. Drowsiness particularly in the intervals of puking.  
First Exper. Juice of leaves. Schultz.
- . Sleepy. M. Macfarlan.
- . Sleepiness. Bauer.
- . A dog. The sporific effects more evident. Resinous product.  
Exper. 5. Schultz.
- 965. Poor rest. M. Macfarlan.
  - . \*Restlessness at night.
  - . Restless sleep. 13.
  - . During the night very restless, though suffering no pain; could not get to sleep until late. H. B. Fellows.
  - . Restless sleep during the first half of the night. W. Warren.
- 970. Restless night, with some fever. Baehrenburg.
  - . Restless sleep at night—he lies on the stomach. Bauer.
  - . Very wakeful at night. Neidhard.
  - . Could not get to sleep for a long while. 734.
  - . \*No sleep through night. 387.
- 975. Sleep disturbed by coughing. W. Warren.
  - . (In sleep straining and involuntary stools.) 583.
  - . Cannot fall asleep before midnight on account of itching. 832.
  - . \*Pains driving out of bed. 821.
  - . Feels wretched on getting up. M. Macfarlan.
- 980. On awaking, indifference.
  - . On awaking, disgust for the business of the day. 17.
  - . Awoke from sleep, with nausea. 434.
  - . On awaking, pressure in the stomach and accumulation of water in the mouth. 488.
  - . Awoke in the night, with lameness in left side. 734.
- 985. Awoke with stiffness of neck. 763.
  - . On going to bed, dryness of the throat. 340.
  - . On going to sleep, headache better. 116.
  - . After going to bed, forearms ache. 797.
  - . Sleep prevented, after midnight, by pain in the right side of chest. 732.
- 990. (Falls asleep after a paroxysm of cramp.) 40.

***Times of the day.***

- . \*IN MORNING: pain in frontal region worse. 1149; pains in head; photophobia. 130; reddish blue swelling of eyelids. 168; profuse secretion of saliva. 763; dryness of the palate. 292; dryness in the fauces; dryness in throat worse. 341; sore throat and swelling of soft palate. 360; tonsils sore and swollen. 763; diphtheria worse. \*388.
- . \*MORNING AND EVENING: dryness in throat worse; hawking of phlegm. \*362; morning, pressure in stomach and waterbrash. 488; before daylight, pain in right hypochondrium and region



- of the liver. 495; pain in spermatic cords. 615; dryness in trachea and dry cough. 763;
- . After rising, pain in right side of chest better. 732; stiffness of neck. 763; weakness. 13; great weakness. 516.
  - . Cannot stand. M. Macfarlan.
995. In morning, chill. M. Macfarlan.
- . \*At 8 A. M. pulse 120. 389.
  - . Better in morning. 516.
  - . IN FORENOON: headache. 112; at 11 A. M. heaviness in head. 70; at 11 A. M. pain in the temples with pressure outward; a. 3 hours. Cooley; sensation of plug in throat. 346; cannot shut the eye without pain. 168; 11 A. M. all symptoms, except pain in the bowels aggravated. Cooley.
  - . At noon, aching of left shoulder. 786.
1000. IN THE AFTERNOON: After 12 M., lassitudes begins. 915; at 1 P. M., striking pain in ball of left foot. 842; at 1½ P. M., heavy aching feeling in head. 71; at 2 P. M. pain in right hypochondrium and region of the liver. 495; at 2.30 P. M. a second stool; a slight aggravation at 3 P. M., continuing about four hours. W. Warren; at 5 P. M. headache. 115; heat in the face. 215; at 7 P. M., a third stool. 566; swelling of eyelids better. 168; pressure around eyes; sore throat worse. \*266; throat worse. 339; pain from region of right nipple through to back better. 733; vomiting and purging. 466; boring pain in umbilical region. 512; gurgling in prostate gland repeated. 618; rheumatic pain in the right knee. 826; heaviness and gone-to-sleep sensation in lower extremities. 859; cramps (in lower extremities worse.) 854.
- . TOWARDS EVENING: think they are going to die. 14; laming pain under left shoulder-blade. 768; pain worse. 1166.
  - . IN THE EVENING: by gas-light smarting in eyes; unpleasant feeling in head and stomach disappeared. 117; pressing pain in spleen; pain in region of spine. 774; dryness in larynx. 677; lassitude. 915.
  - . At 10 P. M., most of the symptoms begin to subside. Cooley.
  - . In the forepart of the night, itching worse. 832.
1005. In the middle of the night, pain in right big toe. 844; neuralgic pain. 531.
- . AFTER MIDNIGHT: pain in right side of chest worse. 732; stiffness in right side of neck. 761; penetrating pain in the right hypochondrium. 497; from midnight till morning amelioration of pains in the joints. 863; awoke at 2 A. M., with headache; at 1 or 2 A. M., diarrhœa. 574; at 4 A. M., pain on the dorsum of the right foot; from 4 to 5 A. M., pains in hip-joint. \*821; towards morning, dryness in pharynx. 313; towards morning, cough. 314.

- . At night, restlessness. \*753; with pains in the knees, arms and chest; a. 4 h. Cooley.
- . At night on shutting lids, eye symptoms are felt. 173.
- . During the night, agglutination of eyelids. 170; nostril stopped up. 205; copious urination. 601.
- 1010. \*At night, chills. 379, 384, 591.
- . Worse in the night, neuralgic pain in the thigh; flying pains. 1150; rheumatism. 1126, \*1153.
- . \*Nightly pains in limbs. 1154; in tibia. 837.
- . All night, diarrhoea. 13;
- . All day, headache. 43; as if a cold would come on. 146; fever. 386.
- 1015. \*Pain better through the day. 821.

***Warmth, Cold and Weather.***

- . Cannot take hot fluids, in angina. 370.
- . \*Warmth aggravates pain. 1152.
- . From being in a warm room, throat and nose symptoms return. 329.
- . Worse in open air, all symptoms except headache. 874; and especially in damp weather, rheumatic pain in the right knee. 826.
- 1020. Better when going into the open air. 481; headache. 874; flow of tears relieved. 161.
- . Pain less when in the open air. N. N.
- . \*Cold and dampness cause rheumatism of intercostals. 756.
- . \*Worse from exposure to damp winds, pharyngites. 324; in damp weather, soreness in head worse. 105; rheumatism. 1126.

***Chill, Fever and Sweat.***

- . Coldness. 450; coldness of the limbs. \*443; of extremities. 870; of the feet. 216.
- 1025. (Some shivering but not so much as the general coldness would warrant. W. L. G.)
- . (The whole body was cold. W. L. G.)
- . \*Chilly. 383.
- . \*Chill. \*377, \*384, \*385, \*656, 1166; after delivery. \*655.
- . Chill every morning. M. Macfarlan.
- 1030. Sudden chill, followed by fever after confinement. \*655, \*658.
- . \*Chills at night, without special fever. 591.
- . \*Heat, with pain in joints. 863.
- . \*Feverish. 663.
- . \*Fever. \*376, \*377, \*379, \*382, \*385, \*387, \*389, 1166.
- 1035. \*High fever. \*381, \*384, 386, \*1197.
- . Fever, with restlessness. 970.

- . The roots are sometimes applied to the hands and feet of patients in ardent fevers. Cox's Am. Disp.
- . Cool perspiration. W. Warren.
- . Cool perspiration on the forehead. W. Warren.
- 1040. Sweating of the feet under the toes. 852.
- . \*Night sweats having an acid reaction. 1152.
- . \*Ague. C. A. Stevens. Tr. P. Hom. Med. Soc., 1871.

***Sudden attacks, Increase and Decrease.***

- . \*Increases and decreases gradually, pain in the joints. 830, 863.
- . Increasing, headache and nausea. 429; muscular weakness. 936.
- 1045. (Coming on suddenly, cramps in muscles.) 1163.
- . (Pains appear and disappear suddenly. W. L. G.)
- . (The pain comes with its full force at once and so continues until it ceases, is followed by drowsiness and stupor, even full sleep. W. L. G.)
- . \*Shocks of pain, in region of heart. 749; pain from right hand to elbow. 803.
- . Transitory pains, in head. 118.
- 1050. Returning at intervals. 55.
- . At intervals, vomiting. 441; uterine pains. 645.
- . Every 15, 20 minutes, vomiting. 440.
- . Once a week headache. 100.

***Directions.***

- . From without inwards, sticking, stinging pains. 865.
- 1055. Front to back; headache. 67; pain from region of the right nipple through to the back. 733.
- . Gradually going up into chest, pain in region of pylorus. 492.
- . Downward; pain in the neck. 759; through shoulders and chest, heavy feeling. 70; pain in right arm. 752; pains in hip. \*824; pain in limb. \*1153; through legs, heavy feeling. 70; pain moves downward, and is relieved. \*644.
- . Pain streaking up and down the backbone. 658.
- . Sometimes in one hand, sometimes in other, shootings in the finger-points. 813.
- 1060. \*Going from one part to another, rheumatism. 1125.
- . \*Changing locality, pains in joints. 863.
- . All over the body. 658.

***Right and Left Side.***

- . *Right side:* right frontal region, rheumatism. 1149; headache. 118; aching of head. 66; sore pain. 105; orbit, aching pain. 230; ear, pain worse. 183; ear, shooting pain. 181; behind the ear, a pustule. 186; a small boil. 187; suppurating tumor. 231; under the ear, a small boil; lower lip,



fibrous tumor; nostril, stopped up. 203; cheek, ulcers. 282; toothache. 247; in throat, pressing pain. 804; tonsil looks very raw and burns \*388; on tonsil patches. \*389; hypochondrium, digging pain. 495; chest, pain. 732, 733; on breast, aching. 681, 702; pain and soreness in region of kidneys. 586; in neck, stiffness. 761; hardness of a gland. 762; sensations in region of kidneys; upper arm, drawing pains. 789; pain and tenderness. 791; twitching and fluttering of the muscles. 792; arm, weakness and aching in the bone. 790; pain as soon as the pain in the heart ceases. 749; pain after heart pain; neuralgic pains in the palm of the hand. 806; from hand to elbow drawing pain. 803; in little finger rheumatic feeling. 810; in thigh neuralgic pain. 818; in leg, rheumatic drawing. 830; pain in the balls of the toes which were frost-bitten. 843; neuralgic pain in big toe. 531.

. *Left side*: region of time. 104; region of combativeness. 65; over region of time, burning in the skin. 104; rushing sound in ear. 180; erysipelatous swelling around the ear. M. Macfarlan; from eye, shooting to vertex. 68, 140; smarting in canthus. 142; smarting in the eye. 131; burning and smarting in the eye. 134; eye symptoms returned. 175; swelling of eyelids. 168; under the eyelid, sensation as if a grain of sand had lodged there. 138; heat in face. 215; upper lip, a crust forms. 241; dryness in fauces; tonsil, pain. \*389; swollen. \*389; throat. 355; in larynx tickling causing cough. 681; neuralgic pain in groin. 526; pain in back. 768; rheumatic drawing in forearm. 798, 830; shooting pain in thumb. 808; hip-joint. \*1152; neuralgic pains in thigh; itching on leg. 832.

1065. \*First right then left tonsil better. 388; first left then right hand, rheumatic feeling; itching on legs. 832; pain in the joints of the fingers. 863; rheumatic pain. 804.

. One sided headache. 118.

. One sided coryza. 200.

### *Sensations.*

. \*Flying pains like an electric shock. 1150.

. Like electric sparks, pricking in points of fingers. 814.

1070. \*Jerking pains. 780.

. Tingling. 132.

. Pricking, stitching pain, in region of spine. 774.

. Sudden pricking, in the points of the fingers. 814.

. Tingling or prickling sensation over the whole surface. King's Dispens., 1864.

1075. Sticking, stinging. 841, 865.

. Stitching pain. 482.



- . \*Lancinating. 1153; in the little and ring fingers of right hand. 809.
- . The pains are all of the penetrating kind, going inwards. Wmson.
- . Shooting pain: in top of head. 55; from left eye to head, vertex. 68; in ear. 181; through ears. 323; in teeth and lower jaws. 247; in the right shoulder joint. \*783; in the left thumb. 808; in finger joints. 813; like needles, in the end of left thumb. Kummer.
- 1080. Neuralgia. Neuralgic pain on the outer side of the thigh; pressing and shooting, drawing and aching; worse from motion and pressure, and worse in the night. Raue's Pathol. and Therap.
- . Neuralgic pains: in palm of right hand. 806; in left thigh, left groin. 526; in right thigh. 818; in right big toe. 531, 844.
- . As if asleep, lower extremities. 859.
- . (Pains like labor pains. W. L. G.)
- . Heaviness. 81, 83; in knee joints. 828; lower extremities. 859.
- 1085. Dull pain: in occiput. 59; in region of kidneys. 586.
- . Fulness: in throat. 354, 355; about face and head. 216.
- . Slight fulness in the fauces. H. B. Fellows.
- . \*Obtuse, heavy aching pain. 1152; rheumatism. 1126.
- . \*Dull aching. 626, 1153; along the top of the right shoulder. 784; in outside muscles of the right upper arm. 791.
- 1090. Aching. 71, 1219; along lower half of right orbit. 152; under right orbit. 230; in right side of breast. 681, 702; in back and limbs. 375; in the bone of the right arm. 790; dull, steady aching pain, in forehead. 47.
- . Sore aching, from shoulders to hips. M. Macfarlan.
- . \*Soreness. 333, 338, 475, 616, 1094, 1103, 1219; in head. 105; in interior of head. 72, 86; in brain. In eyes. 144; in fauces; of the throat. 344; in hypochondrium and region of the liver. 495; in region of kidneys. 586.
- . (A feeling of soreness in the muscles. W. L. G.)
- . Feels sore all over from head to foot: a. 15 h. Cooley.
- 1095. (Flaccidity and soreness of muscles after cramp.) 1163.
- . Bruised feeling. 475; in brain. 87; in occiput. 59; muscles of the chest. 757; in the muscles of the right upper arm. 791; as if from a blow, pain on the left shoulder blade. 767.
- . Tenderness: of mammae. 656; along the top of the right shoulder. 784; in the muscles of right upper arm. 791; in outside of left arm. 793.
- . \*Sensitiveness, of nipples. 655, 663.
- . Rawness, in throat. 330.
- 1100. Roughness. 338; in bronchia. 684; in trachea and bronchia.
- . Scraping. 330, 719; in throat. 448; and itching in the throat, causing cough. 719.

- . Dryness: 84, 338, 679; of the palate. 292; of a spot in the fauces. 328; of the fauces and pharynx. \*362; in pharynx. 313; of tongue. 260; in throat. 370; in the trachea. 339, 340, 341.
- . Dryness of the throat, which soon produced soreness. J. Lester Keep.
- . Burning sensation. 132, 332, 431, 484, 1106, 1219.
- 1105. Applied externally it causes a sensation of burning pain. Bigelow.
  - . Burning sensation in the nose. J. Lester Keep.
  - . Burning and smarting, in eye. 134.
  - . Smarting. 132, 265; in eye. 131, 134; on tongue. 189, 255.
  - . Smarting and stinging in nostril.
- 1110. These preparations usually excite a sense of heat and smarting on being first applied. Bigelow.
  - . Heat in head. 106; in face and head. 216; in roof of mouth and on the tongue. 293; in trachea and bronchia; in region of kidneys. 586.
  - . Coldness, on tongue. 255.
  - . Sensation as if a small piece of cold iron was pressed on the shoulder blade. 770.
  - . \*Coldness of the limb. 1152.
- 1115. Drawing: 82; above root of nose. 192, 209; in right upper arm. 789; from right hand to elbow. 803; in place where tumor was opened. 1244.
  - . \*Sharp, cutting, drawing pains, in hip joint. 821.
  - . Sensation of weight: in forehead. 89; and pressure on both shoulder blades. W. L. G. 766.
  - . Pressure: 84; in temples. 54; on the temples. 751; over the eyes. 147; around eyes. 150; in eyes. 136; in the parotids. 229; in right side of throat. 804, 843; in throat; in region of stomach. 13; in the spleen. 498; painful pressure, on eyes and forehead. 137.
  - . Tension, in the parotids. 229; and pressure. 231.
- 1120. Sensation as if grasped, trachea. 677.
  - . Stiffness, in neck. 761.
  - . \*Rheumatism. W. M. Williamson, Tr. P. Hom. Med. Soc. 1871.
  - . Rheumatic drawing in the right forearm. Bauer; in the right leg and left forearm. 830.
  - . Rheumatic pain, in right knee. 826; below knees and in the arms. \*831; in the left knee. 827.
- 1025. Rheumatic feelings in the little finger of the right hand. 810; \*rheumatism passing from one part to the other with swelling and redness. Neidhard.
  - . Rheumatism. Chronic form; obtuse, heavy aching pain, generally worse in damp weather; with and without swelling; perios-

- teal rheumatism with syphilitic taint; nightly aggravation; enlargement of the glands of the neck and axilla. Raue's Pathol. and Therap.
- . A severe case of rheumatism was cured by the expressed juice of the root of the poke-plant. Barton.
  - . Gonorrhœal rheumatism. Raue's Pathol. and Therap.
  - . It is useful in rheumatic diseases, and especially in syphilitic rheumatism. Dr. Griffith.
1130. Bursting pain in head. 73.
- . Tickling sensation, in right nostril. 190.
  - . Burnt feeling, on back part of tongue. 94.
  - . (Sickly feeling in the bowels with diarrhœa.) 573.
  - . Gurgling, in prostate gland. 618.
1135. Sensation of constriction at præcordia in right hypochondrium. \*644.
- . Contracting sensation, of the tendons behind the knee.
  - . Digging pain in the region of the liver. 495; in right hypochondrium. 495.
  - . Boring pain, in umbilical region. 512.
  - . Gripping pain in small of back. 449, 504, 776.
1140. Grinding pain, in spermatic cords. 615.
- 
- . \*Very sensitive and painful, tumor of breast. 662.
  - . Severe itching following pain in left lumbar region. 777.
  - . (Dead feeling to the touch, hands and feet.) 871.
1145. In its operation it seldom occasions pain or cramp. Its operation, if too long continued, is readily checked by an opiate. Bigelow.
- . The juice of the leaves applied externally causes much pain. Bigelow.
  - . Deep-seated pain. 525.

### *Rheumatism.*

- . \*Wandering gout, passing from one joint and place to another, with swelling and redness. Neidhard.
  - . \*Rheumatism of the right frontal region, accompanied by nausea; aggravation of the pain in the morning. O'Brien.
1150. \*Rheumatic affections of the shoulder and arm, and syphilitic sore throat. The pains fly from one part, and go like an electric shock to another part; the pains being always worse at night. M. Preston. Tr. P. Hom. Med. Soc., 1871.
- . \*Rheumatism of several years standing, the joints of all the fingers badly swollen and very painful, hard and shining. Six globules of 3d, three times a day. Cushing.
  - . \*Chronic rheumatism of the left hip-joint; the pain obtuse, heavy aching, generally worse in damp weather. Coldness of the



limb; the pain aggravated by warmth. Emaciation; night sweats having an acid re-action. Urine scanty most of the time; sometimes very clear. Patient had not walked without assistance for 15 years. Tincture of the ripe berries; 30 drops, three times a day. P. H. Hale. Hale's New Rem.

- . \*Rheumatism: pain in the outer and back part of the right limb, worse at night, but never going away entirely; unable to bear any weight on the limb, or to move it without extreme pain which is dull aching and at times of a lancinating character. The pain first came on in the hip, and from thence into the lower portion of the limb. Had used *Colchicum*, *Cimicifuga* and *Arnica* without benefit. Phytolacca, 10 drops of the tincture increased to  $\frac{1}{2}$  teaspoonful cured in six weeks. A. R. Smart. Hale's New Rem.
- . \*Chronic rheumatism of lower extremities; chronic inflammation of the knee-joints, with or without effusion; sciatica and nightly pains in the limbs, especially the tibia; nodes and irritable ulcers on the legs. Hale.
- 1155. In small doses it acts as an alterative, and has been highly recommended in the treatment of chronic rheumatism. U. S. Dispen.
- . Mr. Wm. Matlack of Philadelphia is said to have been cured of a very distressing case of chronic rheumatism with the Poke. Schultz.
- . A tincture of the ripe berries in brandy or wine, is a popular remedy for rheumatism and similar affections, and it may be given with safety and advantage in all cases where Guaiacum is proper. Cox's Amer. Dispen.
- . \*Chronic rheumatism. G. M. Pease.
- . Specific for chronic and syphilitic rheumatism. Rafinesque.
- 1160. \*Syphilitic rheumatism, with enlargement of the parotid and submaxillary glands. O'Brien.
- . Dr. Griffith related in his lectures that in cases of syphilitic rheumatism, where he tried the *Phytolacca decandra* he was always remarkably successful. Schultz.
- . In the rheumatic affections which frequently succeed to the venereal disease, it seems to be a more valuable medicine than the Guaiacum. B. S. Barton.
- . (Intense cramps, the muscles are gathered into great knots, hard and rigid, coming on suddenly, continuing a few moments, and then in a moment they would be flaccid and sore. W. L. G.)
- . Relaxed muscular frame. 542.
- 1165. \*Periosteal rheumatism. Black. Hom. World, V. 6 p. 124.
- . \*Periostitis of right femur. Limb greatly swollen, surface red and shining; inability to stir the limb; considerable pain, more in the latter part of the day; chills occasionally and



- nearly constant fever; no appetite, furred tongue. Phytolacca, 20 drops of tincture every 4 hours, and a fomentation. A. R. Smart. Hale's New Rem.
- . The root excites the whole glandular system, and has been highly extolled in syphilis, scrofulous, and cutaneous diseases. It is said to hasten the suppurative process. It has been used with alleged success in bronchocele. King.
  - . \*Sympathetic enlargement of gland in axilla. 662.
  - . \*Enlarged glands, in diphtheria. 378.
  - 1170. \*Swelling. 1166.
  - . \*Swelling and redness. 1148; with rheumatism.
  - . \*Swelling hard but tender. 753; intensely hot. \*665.
  - . Oedematous eyelids. 171; ankles. \*1219.
  - . \*Hard and painful nodosities. 654.
  - 1175. It discusses felons and tumors. M. Macfarlan.
  - . Tumors; applied as a poultice. Butler.
  - . \*Hard sensitive tumor. 1236.
  - . \*Irritable tumor. 662.
  - . \*Useful in encysted tumor, recent indurations, and even scirrhus of the breast. Hale. B. Jour., April, 1863, p. 205.
  - 1180. The extract is used with great confidence in its efficacy, in discussing indolent tumors and in healing various kinds of ulcers. It operates as a mild vegetable caustic, cleansing and healing foul ulcers. Cox's Am. Disp.
  - . It hastens suppuration (like Hepar.) M. Macfarlan. 1167.
  - . It is an excellent remedy to control suppuration. Ussher.
  - . \*Fetid discharge, from breasts. 668.
  - . Discharge of matter and blood, from a tumor. 1243; from a small boil behind the right ear. 187.
  - 1185. \*Discharge offensive and sanious. 1236.
  - . \*Pus watery, fetid, ichorous. 654.
  - . \*Emaciation. 657, \*1152.
  - . Scrofula. 1167.
  - . Chlorosis.
  - 1190. The flesh of the birds which eat the berries acquires a highly red color, a disagreeable flavor and is destitute of adipose substance. Schultz.
  - . The flesh of wild pigeons that have fed for some time upon the berries is tinged with a highly red color. In the same manner it will affect poultry and other birds, when eating them. N. N.

### ***Skin, Eruptions, Ulcers.***

- . Itching. 832; in canthi. 143, 719.
- . Pale red spots; in face, in syphilis; about the size of a dime on the feet and legs. 625.
- . \*Rash on body. 1197.

1195. Measles. N. Johnson. Hale's New Rem.  
 . \*Scarlet eruption all over body. 388.  
 . \*Scarlatina. High fever, headache, both sides of throat covered with membrane, with rash on the body. Stopped Aconite and Belladonna, and gave *Phytolacca* the tincture, fifteen drops in one third glass of water, two teaspoonfuls every hour, with gargle. The quickest cure of the disease I ever made. Geo. F. Foster. Hale's New Rem.  
 . Itch has been cured with a salve made of the root. Even old cases where sulphur did no good. Dr. Hayward.  
 . \*Five cases of barbers itch (herpes tonsurans) all coming from the same barber shop in my neighborhood, were promptly cured by the application of the strong tincture of *Phytolacca* thrice daily to the parts. The itching was at first greatly increased. McClatchey.
1200. Salt rheum and itch. Coe.  
 . Tinea capitis. 1233. King.  
 . Ring worm, scabies, shingles. Scudder.  
 . Lichen-like looking eruption, on legs. 832.  
 . \*Peculiar eruption on chin. 624.
1205. Psora. King.  
 . Psora, tinea capitis, scabies, wart, whitlow, syphilitic sores, scarlatina and measles. Hom. World, Vol. 6, p. 121.  
 . I have cured cases of psora with the ointment, and Dr. Hayward states, that he found it successful in cases where sulphur had failed. Bigelow.  
 . An ointment made by boiling the root in hogs lard, is said to be of great service in different eruptions of the skin. Schultz.  
 . An ointment prepared by mixing a drachm of the powdered root or leaves with an ounce of lard has been used with advantage in psora, tinea capitis and some other forms of cutaneous disease. U. S. Disp.
1210. The expressed juice of the Poke-berries, externally applied is said to cure corns; scabies and herpes have been often removed by it. Schultz.  
 . The scabby dog which had affected several persons who touched him was perfectly cured after exper. 1, 2 and 3. Not a single scab was perceptible on his body. Schultz.  
 . \*A very ugly black-looking tettery suppurative eruption was communicated from one person to others. Cured by washing with a decoction from the roots. C. Hg.  
 . Blackness, like gangrene. 846.  
 . Warts. Burt.
1215. \*Boils, and disposition to boils. W. S. Searle.  
 . A small boil under the right ear. Bauer.  
 . Carbuncle, furuncle, malignant pustule. Hale, W. Hom. Obs., May, 1868.

- . \*Boils breaking out in neighborhood of ulcerations. 857.
- . \*A middle aged woman with ulcers on the inner sides and bottoms of both feet; appearance as if *punched out*, round in shape, with sharp edges, smooth sides, a lardaceous bottom, and about one-sixteenth to one-eighteenth of an inch in depth. There were five on one foot, and several on the other; feet somewhat swollen, ankles œdematous, burning aching pain with soreness on pressure. Walking or using a sewing machine aggravated the pain to a great degree. Dark, knotted veins traversed the sides of the feet in the neighborhood of the ulcers. (Had taken large quantities of Iodide of Potassium, Mercury, Stillingsia, &c., and had been canterized with Nitrate of Silver.) *Phytolacca* 2 dec. dil. 10 drops daily. *Phytolacca* cerate applied constantly to the ulcers. Cured in six weeks. Hale, B. Hom. Obs., May, 1868.
- 1220. "The expressed juice of any part of this plant when inspissated in the sun, is of great service in ulcers, and it has cured genuine cancers." Governor Colden.
  - . An inspissated juice of the leaves has been recommended in indolent ulcers, and as a remedy in cancer. King.
  - . Dr. Redman used the extract of the berries on a number of old ulcers with success. Particularly in the case of Mrs. B., who had been afflicted with a cancerous ulcer in her breast for several years. Communicated by Dr. Rush.
  - . \*As if punched out, ulcers on feet. 1219.
  - . \*Angry looking ulcer, with unhealthy granulations. 1236.
- 1225. \*Dark, knotted veins, in the neighborhood of ulcers. 1219.
  - . \*Old varicose ulcers. W. M. Williamson, Tr. P. Hom. Med. Soc., 1871.
  - . \*Syphilitic ulcerations. Mercer, Tr. P. Hom. Soc., 1871.
  - . \*Fistulous ulcers. 654; in breasts. \*668.
  - . \*Fistulous openings after lancing mammary abscess. 657.
- 1230. Fistulous ulcers of horses have been cured with the extract of the root where other powerful remedies would make no impression. I. Bartram.
  - . The extract of the root is used both externally and internally in ulcers of a bad kind (resembling cancerous ulcers) of the lips and mammae. Schœpf.
  - . In Piedmont the leaves of the poke are used in cancerous ulcers; but they produce no other benefit than that of mitigating the pains arising from these ulcers. Allioni.
  - . The fresh roots and leaves are escharotic, discutient, specific in poultices for cancerous or malignant ulcers, psora, tinea capitis, etc. Rafinesque.
  - . The extract of the berries, when applied to cancerous ulcers, has frequently proved an effectual remedy; particularly in those of a long standing. Schultz.



1235. A negro in the State of New York had a cancerous sore in his upper lip and nose which was considered as incurable. He one day covered it with a poke leaf merely to keep off the flies. On finding himself easier in consequence of this new application, he continued it for some time, which produced a sensible amendment of the ulcer and finally a cure; but during the winter when the leaves could not be procured, he applied the bruised root. Wistar.
- . \*A woman aged forty; a year ago, after the birth of her seventh child had a neglected abscess resulting in what was called an "open cancer." The ulcer was nearly an inch in diameter, gaping, angry, filled with unhealthy granulations; a probe passed obliquely downwards reached a hard sensitive tumor about the size of a hen's egg; the discharge was offensive and sanious. 10 drops four times a day. Cured in 2 weeks. Hale. B. Jour., April, 1863, p. 204.
  - . Cancerous ulcers in breast. 1222.
  - . Carcinomatous affections; lupus. Coe.
  - . Cancer. 1221.
1240. An extract from the expressed juice of the recent leaves, acquired at one time considerable repute as a remedy in cancer. U. S. Disp.
- . \*"Open cancer." 1236.
  - . The tumor becomes still more red and painful. Bauer. It hastens suppuration or discusses soon felons or tumors.
  - . The tumor near to breaking is opened with a lancet and discharges matter and blood. Bauer. Said to be excellent in felons or tumors.
  - . Continual drawing in the place where the tumor was opened a few days before. Bauer.
1245. Eschars.
- . Escharotic. 1233; Rafinesque. 1825.
  - . The application of some of the powdered leaves on an ulcer for a short time produced slight eschars. Cooper.
  - . Irritating and corroding influence. 552.
  - . Discutient. 1233.
1250. (Withered appearance of extremities.) 870.
- . Skin dry. M. Macfarlan.
  - . An extract of the juice of the ripe berries has been employed in scrofula. B. S. Barton.
  - . Contact aggravates the pain. 625.
  - . From touch and pressure, pain in arm worse. 791.
1255. From touch, pain in top of shoulder worse. 784.
- . \*Sensitive to touch, sore spot in right hypochondrium. 644.
  - . Tenderness to the touch, pit of stomach. 476.
  - . Slight pressure, causes painfulness in the eyeball. 143.
  - . Pressure causes soreness in stomach. \*487; severe pain in



stomach. 490; aggravates the pain; relieves pain on instep; 841.

- 1260. \*Unable to bear weight on limb. 1153.
- . \*Rubbing and heat relieve, contracted leg. 821.
- . \*Worse after washing, blotches in the face. 266.
- . From gaslight, itching in eyes worse. 132.
- . Gaslight aggravates smarting in eyes. 142.

### *Antidotes, Other Drugs.*

- 1265. Opium is said to be an antidote for large doses.
  - . Took Spigelia and Ignatia. The last with good effect as an antidote. Eye symptoms. 175.
  - . After taking Sulphur (as an antidote) eye symptoms better. 175.
  - . Where Sulphur did no good, in itch and psora. Hayward.
  - . Spiritus nitrici dulcis and spiritus mindereri relieved the symptoms. J. Lester Keep.
- 1270. Analogous to *Mezereum*. Hughes. B. Jour., July 1868, p. 258.
  - . Where Guajacum is proper. 1157.
  - . Milk and common salt, relieved the bad effects. 551.
  - . Strong coffee, aggravated vertigo and impairment of vision. 32.
  - . Black coffee stops vomiting. 473.
- 1275. Strong coffee, did not relieve. 474.
  - . Coffee seems to diminish the action, but does not stop it entirely.
  - . The berries are eaten in autumn by children, without any ill consequences. Kalm.
  - . The berries may be eaten without any inconvenience, as if they were cherries, or any other innocent fruit. Macon.
  - . All species have berries with a purple red juice when ripe. This is used as a dye stuff; particularly in red wine and by the confectioners. In this manner our remedy becomes a cause of disease. C. Hg.
- 1280. *Berries* used in the composition, Balsamum tranquillans.









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